Introduction NICE Evidence 2019 and the RCPCH shows that the needs of young patients are complex and are rarely met comprehensively on adult wards. Young patients are often overlooked (Viner, 2007) and they are at risk of many issues that can have significant effects on their health and wellbeing. Although it is recognised that adolescents do better on adolescent wards than paediatric wards, few studies are aimed at improving their experience on the former.

Methods Patients aged 17–22 were interviewed over two rounds of interviews, each consisting of 4 weeks. Interviews were carried out one-on-one using a semi-structured questionnaire. Interviews in both rounds were analysed thematically, with those in round 2 further audio recorded and transcribed for further analysis.

Results 30 patients were interviewed in total, 14 in the first round and 16 in the second. Key themes included: interactions with patients and healthcare professionals, privacy, age, autonomy, and signposting issues. Suggestions for improvements included facilities such as a designated adolescent common room, computers, reading material and television; as well as emotional support via day-to-day visits, proper signposting and interactive tasks.

Discussion A wide range of experiences both positive and negative were revealed with regards to adolescent care. Adolescent needs were shown to be even more extensive than previously realised, and work is needed to improve how they are met. The findings of this study provide valuable guidance to the improvement of adolescent care at the teaching hospital in which this study was conducted; as well as setting up a structure for similar investigations in other healthcare settings. An adolescent outreach team comprised of volunteers and led by a youth worker could make a vital difference in the provision of emotional support, as well as continuing to gain insight into what improvements most effectively benefit adolescents on adult wards.

G544(P) WHAT DO YOUNG PEOPLE THINK CAN BE IMPROVED WITH THE TRANSITION TO ADULT SERVICES?

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Aims Local audit showed NICE Guidance regarding the transition of young people (YP) to adult services is not well implemented. This qualitative service improvement project investigated the perspectives of YP transitioning from a tertiary paediatric nephrology service to adult services. The aim was to identify key factors underpinning positive and negative experiences of transition and provide suggestions for change in practice to better support transition for YP.

Methods Institutional ethics approval was sought but deemed unnecessary and informed written consent gained. Young people attending a renal patient summer camp were questioned through critical incident technique via both written questionnaire and semi-structured focus group discussion overseen by two researchers. Transcribed responses were thematically analysed by two investigators independently, then agreed upon jointly.

Results Of 11 participants (13–30 y, average 21 y, 36% female), only 30% knew what ReadySteadyGo was, the locally employed transition tool. 15 themes were identified, organised into 5 key factors underpinning positive experiences of transition: 1) Preparation for adult services; 2) Approach adopted by staff; 3) Chances to talk; 4) Peer support; and 5) Environmental improvement.

Conclusion Young people generated recommendations to improve the experience of transition. These included improving preparation through familiarisation with staff and places by being introduced to the new team sooner with more opportunities to interact, trips to the new unit and more information about the practicalities within adult services. YP wanted staff to be more like friends, ideally with some familiar faces on both sides of transition. They wanted staff to ease YP into transition gradually and tailor the process to each YP's individual needs, to be honest about pros and cons and provide truthful experiences from other patients, acknowledge YP's concerns by listening to how they feel and empower YP to take more involvement with learning to promote self-efficacy. Additionally, YP wanted the opportunity to talk about their life experiences, and particularly valued the support of peers. Through socialising with others their age with similar chronic conditions, YP were able to share experiences and feel normal. Finally, YP wanted adult services to invest in comfort and entertainment as provided in paediatric services.

G545(P) CO-PRODUCTION OF A PATIENT EXPERIENCE PROJECT EXPLORING PATIENTS MOVING THROUGH THE TRANSITION FROM PAEDIATRIC TO ADULT HEALTHCARE

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Aim To co-produce a patient experience project involving medical students and secondary school-aged young people exploring their peers' experience of transition from paediatric to adult healthcare in an outpatient setting.

Methods A second year medical student with personal experience of transition from paediatric to adult healthcare worked with members of an advisory group of young people to develop a questionnaire-based patient experience project. The advisory group were involved from the earliest stages of the project and the questionnaires were developed and refined using participatory techniques including sorting tasks and iterative design. Questionnaires were further adapted following role-play scenarios in which the young people used patient vignettes to put themselves in the position of young patients completing the questionnaires to detect issues with phrasing of questions and options for responses. The young people worked closely with the medical students to develop plans for the delivery of the project in paediatric outpatient departments at a tertiary centre. Novel co-production training was developed and delivered as part of the project. Medical students mentored young people and supervised them delivering questionnaires over summer 2019. The data are being analysed collaboratively

and young project members are contributing to the write up of the project findings.

Results The final questionnaires are a true reflection of what the young participants feel are relevant issues to explore with young patients moving from paediatric to adult care. 596 questionnaires were completed by patients during the project data collection phase, demonstrating that the questionnaires were acceptable to the target population. Of these, 115 were delivered by the young person's advisory group members who gave over 100 hours of their summer holiday to take part in the project.

Conclusion The importance of co-production of healthcare research and quality improvement is gaining recognition but examples in paediatric practice are still rare. To our knowledge this is the largest co-produced patient experience project into paediatric transition. The success of the delivery of the project is grounded in true co-production throughout the project. Novel participatory strategies and a level playing field for all project members are key aspects of this work.

G546(P) ABSTRACT WITHDRAWN

G547(P) THE EFFECT OF HAVING TRANSITION DISCUSSIONS OF PAEDIATRIC PATIENTS; A CO-PRODUCED PATIENT EXPERIENCE STUDY

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Aims NICE guidelines (NG43) recommend that discussions between patients and clinicians about transition from paediatric to adult health care should occur by the ages of 13–14 years to facilitate a gradual transition into adult healthcare. However, often these conversations are not part of routine consultations at this age. We aimed to evaluate the benefit and importance of having transition discussions and how having them early can impact on patients and their carers.

Methods A survey about patient experience was co-designed with young people. The survey was delivered by researchers and young people in all outpatient departments in a tertiary paediatric hospital. Patients and their carers were asked to complete a survey about their experience and understanding of discussions about transition. They were asked to complete the questionnaires separately. A separate questionnaire was devised for children and young people with learning difficulties.

Results 556 patients and 271 carers completed the survey with sufficient data to be analysed. Only 30.1% of patients had received a transition discussion by the age of 18 and only 3.4% of patients received a discussion about transition by the age of 14. The mean age of transition discussions was 15.8 yrs. Of patients who had received a discussion on transition, there was an improved overall care experience (mean increase

of 9.1%, $p=0.003$) and an overall improvement in patients' perceived preparedness for transition (mean increase of 20.2%, $p<0.0001$). Of carers whose children had discussed transition, they were less anxious (mean decrease of 20.1%, $p=0.0001$).

Conclusions Our study suggests that having transition discussions with patients helps to make them feel more prepared for the transition into adult healthcare and reduces carer anxiety relating to transition. There is also an overall improvement in patient experience. This implies that the discussions that are being had are effective in informing patients of the process however, more of these discussions need to be had to empower patients during consultations. Further work is needed to see if there is correlation with improved patient experience and healthcare outcomes.

G548(P) WHAT DO YOUNG PEOPLE THINK ARE THE FACTORS LEADING TO MEDICATION NONADHERENCE, AND HOW CAN THIS INFORMATION BE USED TO IMPROVE SERVICES?

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Aims Those who receive kidney transplants in adolescence and young adulthood have shorter graft survival than those receiving grafts earlier or later in life. Graft loss is multifactorial, but treatment nonadherence and transition from paediatric to adult services have been identified as contributors. The perspectives of young people (YP) regarding medication nonadherence were investigated in a qualitative service improvement project aiming to improve graft health and the experiences of YP transitioning from a tertiary paediatric nephrology service to adult services.

Methods Institutional ethics approval was sought but deemed unnecessary and informed written consent was gained. Young people attending a renal patient summer camp were questioned in two semi-structured focus group discussions ran in parallel by two researchers. Transcribed responses were thematically analysed by two investigators independently, then agreed upon jointly.

Results There were 11 participants (13–30 y, average 21 y, 36% female). Five themes emerged: 1) Staff approach, either positive or negative; 2) Challenging life events; 3) Peer support; 4) Chances to talk; and 5) Patient-related factors. Patient-related factors subdivided into exercising autonomy, no perceived immediate consequences, and normalising & denial.

Conclusions Healthcare services and consultations involving young people should incorporate their own suggestions to help guard against nonadherence. Young people wanted staff to value and support them. Being scolded by staff when revealing nonadherence led to disengagement, and threats about consequences were counterproductive. YP suggested a more appropriate response would be to work through reasons behind nonadherence. Given that YP reported that nonadherence can be a form of choice and control, ensuring that YP feel involved with decision making and can exercise autonomy in other ways may address this.