Background An audit performed on the management pathway of well babies with jaundice referred from community demonstrated long waiting times in A&E and on the local SCBU, with pathways of care not clarified. This posed an increased risk for babies being exposed to infection in A&E and increased pressure on nursing and medical staff. In view of this, a new midwifery led pathway was implemented in May 2019. This has clear guidelines and SOP for referrals and exclusions by the community team and escalation pathways to medical staff. Well babies are assessed in a walk in clinic by midwives using transcutaneous bilirubinometers (TCB) in the maternity assessment unit (MAU). Further referral to paediatric staff are made if they fulfil specific high risk criteria or bilirubinometer reading is $>250\mu\text{mol/l}$. Unwell babies are referred directly to A&E for further assessment and management.

Objective

- To determine the safety and effectiveness of midwifery led pathway
- To determine reduction in the waiting times
- To determine cost implications of this service

Method Prospective data was collected for all babies being referred and assessed following the service change. Waiting times and cost effectiveness were analysed and compared to previous pathway.

Results The number of babies per month being assessed by the midwifery team has remained same as that seen previously (Average 72babies/month). Average age at referral, gestational age and birth weight were similar in both pathways: 3.9 days, 39 weeks GA and 3377gm respectively. Waiting times reduced significantly from average of 120 minutes to 31 minutes with the new pathway. Only 15% of the babies assessed in MAU were referred for further assessment to medical team. The one-time cost of purchasing of TCB was £3400 as compared to cost of blood tests performed in one month was £1499.94.

Conclusion Midwifery led pathway significantly improved waiting times for babies to be assessed, mitigating the risks of them being exposed to serious infections in A&E. It is a cost-effective and efficient pathway for assessment of well babies. The pathway provides an adequate safety net for unwell babies as well as babies with risk factors being referred appropriately to the medical team.

G153(P) 'IMPROVING EFFICACY OF HYDROXYCARBAMIDE PRESCRIPTIONS IN PAEDIATRIC SICKLE CELL DISEASE'

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Aims Hydroxycarbamide use in children with sickle cell anaemia is on the increase. Given its narrow therapeutic index, close monitoring and careful dose-titration are required. Our project aimed to introduce a reliable, sustainable method of monitoring blood results to facilitate decision-making by the paediatric consultant (PC) with haematology expertise with regards to hydroxycarbamide dose adjustments.

Methods This retrospective cohort study included all paediatric sickle-cell patients from 1 January 2018 until 1 March 2019. In the first quality-improvement (QI) cycle of plan-do-study-

act, the PC was responsible for prescribing hydroxycarbamide, checking the patient's blood test results and assessing trends. The clinician had to repeatedly access electronic records to check on results or retrospectively determine at which time point, decision to adjust the dose of Hydroxycarbamide was made. With frequent outpatient blood tests and hospital admissions in the cohort, this format of dose-titration, retrospective referencing and documentation, proved time-consuming.

In the second QI cycle, a new chart was designed and introduced. On the front of the chart, spaces were allocated for 8 consecutive prescriptions. Spaces for blood results documentation were allocated at the back of the chart. PC and pharmacist were able to refer to the formal charting of blood results within the patient's hydroxycarbamide prescription chart.

Results 15 patients were on hydroxycarbamide (median age 10.9 years, 53.3% male, 46.7% female). Since introducing the new prescription chart, frequency of blood testing improved by 75%, from 4 to 7 times annually. Hydroxycarbamide dose changes increased by 300% from 0.33 times per year to once annually. 67% of hydroxycarbamide patients showed an increase in HbF% to $>25\%$ within 1 year of using the new prescription charts, indicating maximal haematological response, reducing pain scores and hospital attendances significantly. Mean dose of hydroxycarbamide after 1 year of new chart use was 21 mg/kg/d (median 17 mg/kg/d). Due to increased confidence in patient-monitoring, the total patients on hydroxycarbamide increased by 27%, from 15 to 19, reflecting improved quality of care for patients with sickle cell for the region.

Conclusion By introducing a new hydroxycarbamide chart design, efficiency of dose-optimisation, compliance-checking and communication between sickle cell patients and haematology-care paediatricians were improved.

G154(P) USER SERVICE EVALUATION OF THE REGIONAL PAEDIATRIC BRONCHOSCOPY SERVICE FOCUSING ON SATISFACTION: 'DO WE PASS THE FRIENDS AND FAMILY TEST?'

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Background The NHS Friends and Family Test (FFT) is routinely used to gather around 1.2 million pieces of feedback each month. This information is utilised to transform services in ways that matter most to patients. In 2015 there was a large drive to gain paediatric service user feedback. Despite this, a child friendly FFT is not available within large proportion of paediatric settings.

Aim This study aimed to provide a platform for children and young people to feedback on the services they use and to report this information back to the regional flexible bronchoscopy service providers, facilitating praise and suggestions for improvement.

Methodology Feedback regarding patient and parent/carer experience of the regional flexible bronchoscopy service was collected via an online questionnaire, with the main question based upon the NHS FFT. The online questionnaire was accessed via a website designed for this study. Adaptations to