

- 30% of the times junior doctors (SHO) were given the opportunity to intubate in comparison to 3% earlier
- Confidence in BVM ventilation among SHOs and intubation among registrars are significantly high in the repeat survey, due to continued teaching and simulation training.

Conclusions Effective simulation, training, education and perseverance in change in practice improved the intubation in neonates in DGH and confidence of doctors and nurses working in the unit. Improvement is likely to improve outcome of the babies.

British association of child and adolescent public health

G162 ADOLESCENTS AND THEIR PARENTS' EXPERIENCES OF INTERNET DELIVERED HOME TREATMENT FOR CHRONIC FATIGUE SYNDROME/ME (FITNET-NHS TRIAL)

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Aims We aimed to understand the acceptability of two internet-delivered home treatments for paediatric Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) as part of the FITNET-NHS randomised controlled trial. The two interventions were: i) an online Cognitive Behavioural Therapy (CBT) programme (FITNET-NHS) supported by therapist e-consultations; ii) Activity Management delivered by clinicians via Skype.

Methods In-depth qualitative interviews were undertaken with families taking part in the FITNET-NHS Trial to understand the acceptability of receiving treatment at home via the internet. Participants were purposively selected for maximum variation (intervention, age and gender). Interviews followed a checklist of topics. All interviews were audio-recorded, transcribed verbatim, uploaded to NVivo and analysed using thematic analysis.

Results Interviews were undertaken with 29 families (15 FITNET-NHS arm; 14 Activity Management arm). This included 26 young people (15 females and 11 males, ranging from 12–17 years old) and 31 parents (27 mothers and 4 fathers). Four key themes and 9 sub themes emerged. Participants talked about the 1) **benefits of online treatment** including: no need to travel reducing payback, ease of use, convenience and flexibility as well as the ability to revisit online content for clarity and motivation. The 2) **disadvantages of online treatment** included: technical problems, difficulty building a rapport and feeling unable to communicate effectively online and preferring to see the therapist in person. Participants felt 3) **Contact with a therapist is essential** to give parent support and backing and provide specialist knowledge and tailored advice. The final theme highlighted how 4) **the digital interventions need to be tailored according to: age, severity and communication preference** differences.

Conclusion Young people and their parents discussed the benefits and disadvantages of online treatment for CFS/ME. Whilst some feel it is as good as face to face contact, others found it difficult to communicate through emails and Skype and would have preferred to see a therapist in person. Therapist contact is viewed as essential to provide specialist knowledge and support. Internet-delivered interventions for paediatric CFS/ME

need to be tailored to take into account individual differences such as age, severity and communication preferences.

G163 AN ANALYSIS OF HEALTHCARE COSTS IN HIGH-NEED CHILDREN AND YOUNG PEOPLE

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Aims In the context of budget pressures, the need to keep children and young people well and reduce the burden of costly interventions is growing. Little is known about how health spending is distributed amongst the population or how we can identify children at risk of requiring higher spending. Our study aims firstly to identify total health spending costs and relative differences across services for the top 5% of high cost users and secondly to characterise the features of this group.

Methods 78,215 participants aged 0–24 were randomly sampled from the Clinical Practice Research Datalink, linked to Hospital Episodes Statistics for the year 2015/16. Total costs were estimated for primary care visits, A&E and outpatient attendances, inpatient admissions, and prescriptions. The high cost group was defined as the top 5% of individuals based on total costs and the proportion also in the same group in 2014/15 was calculated.

Results 54% (£17,321,850) of the total yearly health service spending was utilised by the most expensive 5% of participants. The proportion of spending on this group was highest for inpatient costs (88%) and lower for costs relating to Emergency Departments (31%), Outpatients (44%), Primary Care (15%) and medication (38%). Those in the most deprived decile by Index of Multiple Deprivation were more likely to be in the high cost group than those in the least deprived (6% vs 4%). 29% of those in the high cost group in 2015/16 were in the same group the preceding year.

Conclusion Just over half of health service costs for children and young people were spent on only 5% of users. While unsurprisingly, much of this was explained by inpatient admissions, spending was higher across all services including prescription costs. There was significant movement into this group, with fewer than one third also in the high cost group the previous year. Proactive strategies are needed to keep children well and reduce the need for costly inpatient care, although further research is needed to understand whether this can be accurately predicted or indeed effectively reduced.

G164 NURTURE EARLY FOR OPTIMAL NUTRITION (NEON) PROGRAMME: QUALITATIVE STUDY OF DRIVERS OF INFANT FEEDING PRACTICES IN A BRITISH-BANGLADESHI POPULATION

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Aims To explore optimal nutritional care practices and their drivers within the British Bangladeshi population as an exemplar to inform a tailored, co-adapted intervention design.