be therefore be considered when predicting the development of later skills. There are however other factors which can alter progression of NSAA including behaviour. More research is needed to further understand the impact of hypermobility in the DMD population especially for later years and loss of ambulation.

75 GENERAL PAEDIATRIC NURSING EDUCATION AT GOSH- NEW TEAM, A NEW DISEASE

Elizabeth Akers, Sonia Chavda, Chloe Couzens, Louise Eccles, Sophie Grout, Kirsty Hart-Dyer, Danielle Law, Amelia Painter, Summer Parker, Emma Scott. *GOSH*

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In response to the first wave of the Covid 19 pandemic, the profile of healthcare provision internationally underwent rapid and significant change. At GOSH, we opened several wards to support general paediatric care, enabling partner hospitals across the North Central London STP to increase their adult bed provision. This change in patient profile at GOSH presented many exciting opportunities. As educators, we supported the team to care for a wide variety of patients typically seen in general paediatrics; those with chest infections, diabetes, neonatal jaundice to safeguarding and mental health concerns. We could not have foreseen that a new and complex disease process would emerge. Covid-19 was expected, PIMS-TS brought new challenges; the nursing education needed to meet this challenge.

The education strategy utilised a consistent and systematic approach; putting theory into practice and sharing emerging knowledge as it was identified. Nursing care had to adapt to continue to meet the changing needs of our patients and the teams caring for them.

The nursing team formed to support General Paediatrics at GOSH were an amalgam of teams from across the Trust; primarily International Private Patients, Kingfisher Ward, Outpatients' and the Clinical Research Facility. The risks posed by merging new teams in a new environment with a new specialism are significant. Recognition of the heightened risks of this scenario drove our education strategy and planning. The strategy was one of hands on clinical support underwritten by regular multi-professional teaching.

The General Paediatric Education Team was also an amalgam. This brought together a group of experienced educators, all with some background knowledge of general paediatrics. The challenges and risks of merging teams are always similar; this had to be factored into our rapidly formed education team; working effectively and safely whilst managing existing and new conditions and our own anxiety about Covid-19.

76 OUTCOMES OF VIRTUAL APPOINTMENTS AT GOSH

Ev Akintomide, Catherine Peters. *Great Ormond Street Hospital*

10.1136/archdischild-2020-gosh.76

Background The need to upscale virtual consultations has been made apparent during the COVID pandemic. This study explores the effectiveness of virtual visits.

Method A questionnaire was sent to clinicians about their experience and the effectiveness of face-to-face, video and telephone appointments based on ease of assessment and

decision-making. Ethical approval was not required. Survey results were compared to outpatient clinic visit outcomes of June 2019 and June 2020.

Results Survey - Of 95 completed questionnaires, over 75% reported they were often able to complete a medical and social history and make a diagnosis during virtual visits. Identifying non-verbal cues, ascertaining clinical signs, and starting treatment was more challenging, especially via telephone.

CLINIC VISIT OUTCOMES:

June'19

Further contact required - 35% (32% F2F; 3% Tel)

Discharge - 6% (5% F2F; 1% Tel)

Decision to Admit - 5% (5% F2F; 1% Tel)

June'20

Further contact required - 46% (14% F2F; 21% Tel; 11% Vid)

Discharge - 7% (1% F2F; 4% Tel; 2% Vid)

Decision to admit - 4% (1% F2F; 2% Tel; 1% Vid)

DNA/WNB OUTCOMES

Further Contact Required

June'19 - 71% (70% F2F; 1% Tel)

June'20 - 81% (20% F2F; 43% Tel; 18% Video)

Discussion Virtual appointments can be an effective alternative when examination is not required. There was no relationship between decision to admit and appointment type, and the highest percentage of patients were discharged following telephone visits, highlighting that virtual visits may be more appropriate for some patients.

Video visits bridge the gap between face-to-face and telephone appointments, easing the identification of non-verbal cues and clinical signs. Lack of additional cues however may explain why clinicians reschedule more telephone visits following WNB attendances than other visit types.

Conclusion Results suggest that clinicians are able to deliver care virtually in a meaningful manner, allowing for clinical assessment and appropriate decision-making.

77 A VIRTUAL REALITY: USING SIMULATION AND VIRTUAL TEACHING TOOLS TO CREATE AN EQUITABLE INDUCTION EXPERIENCE FOR NEW TRAINEES

¹Rhian Thomas, ²Shereen Tadros, ²Elisabeth Rosser, ³Emily Sloper, ⁴Rachel Jones, ¹Helena Carley, ³Alexandra Murray, ¹Kate Tatton-Brown, ²Linda Chigaru. ¹St George's, University of London; ²GOSH; ³Institute of Medical Genetics for UK; ⁴Guy's Hospital

10.1136/archdischild-2020-gosh.77

Background Clinical genetics is a small specialty with around 70 trainees nationally. New trainees traditionally have a period of observing clinics led by consultants and experienced genetic counsellors before leading their own clinic. This is an important time in which they learn practical and communication skills with respect to approaching a consultation, however, the experience can be variable dependent on the centre.

In light of the coronavirus pandemic, knowing that many new trainees would not be able to access this vital induction period, we devised a virtual induction programme.

Methods A group of clinical geneticists from three UK centres, including GOSH, worked in collaboration with the GOSH Clinical Simulation Team to devise and deliver a programme that would be accessible to all new trainees. Important topics for discussion were agreed; example consultations were filmed, with the help of actors; and trainee simulations were planned.

Results The virtual induction runs live over two days, with homework, in the form of the filmed consultations that can be accessed at any time. The first day has been completed, delivering training to around 20 new trainees. The feedback we have received from both trainees and training programme directors has been overwhelmingly positive.

Discussion Given the ongoing impact of the coronavirus pandemic, creative ways of delivering training are flourishing. We have created a bank of videos and presentations, as well as a template for future induction sessions, ensuring a basic level of equity between trainees at different genetics centres.

Conclusion Virtual induction tools are a valuable and vital addition to new trainee induction to ensure equity of training, both during the current pandemic and beyond. This approach would work very well on a national level for other small specialties; or on a regional or local level for larger specialties.

78 AUDIT OF POST-HSCT ENDOCRINE MONITORING FOR METABOLIC PATIENTS

Nazreen Banu Kamarus Jaman, James Davison. *Great Ormond Street Hospital*

10.1136/archdischild-2020-gosh.78

Background We have completed an audit to review our current routine endocrine surveillance of a cohort of metabolic patients who have had a haematopoietic stem cell transplant (HSCT) and ensure relevant investigations are obtained, and appropriate referral to endocrine teams are made.

Aim Describe long term outcome of HSCT in children at risk of long term endocrine problems.

To review whether post-HSCT metabolic patients are having the required endocrine complication-surveillance investigations undertaken, and if not to correct the problem

Methods

1. All patients with confirmed diagnosis of MPS 1H from a single tertiary centre were included.
2. 3 MPS2 & 1 Alpha Mannosidosis included.
3. A retrospective case notes review was undertaken to assess the following outcome measures:
4. Post HSCT growth parameters
5. Thyroid function tests
6. Sex hormone levels
7. Specific endocrine issues.

Discussion

1. We have noted among 31 patients, 16 patients were referred to endocrine team.
2. 7 patients are referred at or after the 10 years of age whilst the rest of the 9 patients had endocrine assessment at the mean age of 2–9 years.
3. The endocrine referral done before 10 yrs of age was because of specific endocrine problems, not as a surveillance.
4. Most of the patients had the growth parameters checked however it was not particularly focussed or had set points for regular monitoring. We have learnt that only 10% of patients had sex hormone levels checked at the adolescent age when the expected endocrine issues are anticipated.

Conclusion Overall, we highlight that proper endocrine referral at the age of 10 years is required for the post HSCT MPS patients.

79 DOES A REDUCED FORCED VITAL CAPACITY COMPARE WITH ABNORMAL SLEEP STUDY RESULTS?

Ben Griffiths, Sreeja Kiran, Joanne Martins, Stephanie Brotherston, Matthew Davies, Aidan Lavery. *Great Ormond Street Hospital*

10.1136/archdischild-2020-gosh.79

Introduction Respiratory deterioration impacts morbidity and mortality in patients with Neuromuscular disorders (NMD). Respiratory involvement will vary by disorder; patients with Duchenne muscular dystrophy (DMD) and Spinal muscular atrophy (SMA) often displaying deterioration with disease progression. Such patients may present with sleep-related breathing disorders (SRBD) which can progress to hypoventilation. Spirometry, including forced vital capacity (FVC) measurements, monitor respiratory muscle strength and sleep studies identify SRBD to determine when non-invasive ventilation is required. Assessing when to refer for a sleep study is therefore clinically important. Previous research suggests the use of FVC <60% of predicted normal (FVCLT60%) may indicate an abnormal sleep study.

Aim To assess if patients with FVCLT60% had an abnormal baseline sleep study.

Method A retrospective study of patients who attended for spirometry between April 2018 - April 2020 with FVCLT60% and a baseline cardiorespiratory sleep study within 3 months of spirometry. Patients were excluded if using night time respiratory support. Apnoea-Hypopnoea Index (AHI) was used to classify SRBD. Fifty-four patients were identified and results reported as mean ($\pm$ SD).

Results Demographics: Age 14.05 ($\pm$ 2.8) years, 40 male (74%), 30 DMD (56%). Twenty-Two (40.7%) had moderate or severe SRBD (AHI $\geq$ 5 events/hour), with a mean FVC% predicted of 37.6% ($\pm$ 12.0%). Those with mild or no SRBD (AHI<5 events/hour) showed mean FVC of 44.5% ($\pm$ 9.7%).

Conclusion Our study showed 59% of patients who had FVCLT60% had mild or no SRBD. In our patient group, the use of FVCLT60% may not be appropriate for sleep study referral. A lower FVC threshold may be more appropriate in identifying patients who require treatment for SRBD, but further research is required.

80 VIDEO FLUOROSCOPY SWALLOW SERVICE; AN ALLIED HEALTH PROFESSIONAL COLLABORATION

¹Jessica Eaton, ²Alex Stewart, ¹Rebekah Bennison, ³Ian C Simcock. ¹Great Ormond Street Hospital; ²Great Ormond Street Hospital and University College London; ³Great Ormond Street Hospital/Institute of Child Health NIHR BRC and University College London

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Allied Health Professionals (AHPs) form the third largest clinical workforce in health and social care in England (NHS England, 2017). Traditionally, the AHP workforce has provided high quality care to patients across a wide range of care pathways and in a variety of settings. In recent times, efforts to modernise the health service have included a drive towards a more flexible workforce and a reconsideration of the roles of different members of the clinical team. This transition has facilitated the formation of multidisciplinary teams involving a range of AHPs providing a key opportunity to improve access