studies. All barbiturates are associated with hypotension, sepsis and pulmonary infection. Phenobarbital is also linked with a risk of respiratory depression. Thiopental is associated with reduced return to baseline condition, longer mechanical ventilation and death due to drug-induced hypotension. Pentobarbital is related to longer hospital stays, decline in neurological outcome and complications associated with its discontinuation. Patients treated with barbiturates for SE need counselling of families and close monitoring of these potential complications.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

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'WE ARE ALL IN THIS TOGETHER' – EMBEDDING SUPPORTIVE DEBRIEFS INTO A DISTRICT GENERAL HOSPITAL'S PAEDIATRIC TEACHING PROGRAMME

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Background The COVID-19 pandemic required doctors to quickly adapt to new infection-control policies, rota restructuring and pathway changes. There was uncertainty on how the pandemic would affect paediatrics, as well as anxiety of the personal COVID-19 effects, frustration with media reporting and potential isolation with social-distancing measures.

Our department recognised that both junior and senior doctors needed a platform to come together to address these feelings and reflect on them, ensuring a supportive team at work during this challenging period.

Objectives To implement a supportive debrief session within the paediatric unit's teaching programme to improve team morale and reduce anxiety on the uncertainties of the pandemic.

Methods During the first wave of the pandemic (April 2020-August 2020) we ran a weekly 'debrief hour' scheduled within the departmental teaching programme. Co-led by the college tutor, clinical director and trainee representatives, it was open to paediatric junior doctors and consultants. These sessions were held face-to-face and virtually. During the second wave (October 2020-February 2021) these sessions were held fortnightly and were focused on wellbeing. One week prior to each session questionnaires were completed anonymously by junior doctors to collate issues they wished to reflect on. Post-debrief surveys were completed by participants.

Results We ran a total of 30 sessions. During the first wave 18 junior doctors and 5 consultants on average attended each debrief. Topics of discussion varied from difficult clinical cases and the emotional challenges of the pandemic to learning about individual approaches to mindfulness. Anecdotally junior doctors appreciated this dedicated time to 'offload' in a safe space. It helped forge bonds and personal connections within the team. Overall doctors were grateful their wellbeing was prioritised by these sessions.

We took this initiative forward into the second wave where sessions became fortnightly. Our post-debrief surveys revealed that 96% (N=19) of junior doctors valued this time for team reflection and connection. 92% (N=19) found them useful. 94% (N=19) would like to see these sessions continue after

the pandemic. Feedback included junior doctors 'feeling supported', 'paediatrics being the best team' and 'bonding during a worrying time'. From March 2021 these sessions will be led by the department's clinical psychologist.

Conclusions • We advocate scheduling a supportive debrief session within departmental teaching programmes, especially in times of uncertainty and potential anxiety (such as global pandemics). This encourages team bonding.

• Embedding debrief sessions within the teaching programme sends a clear message to junior doctors that the department prioritises and promotes the wellbeing of doctors, seeing it as an important part of their working lives.

• Supportive debrief sessions allow doctors a safe space to 'offload' with their peers in a reflective, relaxed environment, thus helping create a sense of community at work and improving morale.

• The department will continue to hold scheduled team debriefs, which will carry on after the pandemic. The Trust recognises the importance of championing wellbeing; moving forward time has been allocated for a clinical psychologist to lead these sessions.

• We strongly recommend that budget planning includes provision for trainee wellbeing support services.

Young People's Health Special Interest Group

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VOLUNTEERING FOR WELLBEING: YOUNG PEOPLE'S EXPERIENCES OF VOLUNTEERING IN RESPONSE TO THE COVID-19 PANDEMIC

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Background There has been significant concern about the wellbeing of children and young people during the COVID-19 pandemic, particularly during periods of lockdown and school closures. Social distancing has led to some young people and their families feeling isolated and unable to access appropriate support. The Royal College of Paediatrics and Child Health has highlighted an increase in mental health presentations and disordered eating. Targeting enjoyable and worthwhile interventions which have a positive impact on self-esteem and confidence can improve the resilience of young people.

Objectives Our aim was to listen to the voices of young people about their experiences of volunteering during the COVID-19 pandemic and the impact this has had on their wellbeing so we can shape and influence future opportunities in the youth sector.

Methods We interviewed young people between the ages of 10 and 17 years who have volunteered with St John Ambulance as part of the COVID-19 pandemic response. Opportunities they had participated in included:

- Logistics support, including packing and shipping orders for clinical equipment and stocking ambulances
- Training the emergency response and communication course elements for volunteer vaccinators
- Supporting the public working as a vaccination care volunteer at mass vaccination centres
- Facilitating online engagement opportunities for other youth volunteers

There was an initial online focus group to share ideas about volunteering and its impact on wellbeing and each young person subsequently produced a written statement about their volunteering experiences using semi-structured questions provided for guidance. These statements were used to identify themes for further exploration and discussion about the provision of volunteering opportunities for young people.

Results The young people all agreed that volunteering had a very positive impact on their wellbeing. They felt they had improved their capability across a variety of domains and had experienced new opportunities. These included presenting and teaching both face-to-face and using technology, developing engagement session resources and organising people and processes. This enhanced their confidence and adaptability. One young person commented that he was proud his calm and friendly communication had enabled him to put the public at ease in vaccination centres thus improving their experience.

The young people felt they had something to look forward to which gave them a break from the potential boredom of lockdown and reduced their focus on negative aspects of the pandemic, especially isolation. Being active increased happiness and they felt part of a supportive team working towards a goal which gave them purpose. They expressed pride in the direct impact that their work has had on their communities and the pandemic response.

Conclusions Facilitating the involvement of young people as part of the pandemic response has had a positive impact on their wellbeing through challenging circumstances. Promoting volunteering opportunities for them leads to an increased feeling of belonging through participation in their communities, enhances their transferable skills and fosters a sense of pride in the positive impact of their contributions. These experiences will help youth services focus on opportunities which benefit health.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

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PAEDIATRIC GASTROSTOMY: WHERE DO THE COSTS LIE AND HOW CAN WE REDUCE THEM? – A SYSTEMATIC REVIEW

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Background Gastrostomy feeding to support nutrition in children is a common and effective undertaking. It is however, associated with significant costs both at creation of the gastrostomy and in maintaining the device in the long term. Given the widespread use of gastrostomies this creates a considerable financial burden for healthcare systems.

Objectives This study aims to systematically review the existing literature to identify costs and potential cost reductions related

to the insertion and maintenance of paediatric gastrostomy tubes (GT).

Methods PubMed, MEDLINE and EMBASE were searched using PRISMA guidelines using the key words 'paediatric', 'gastrostomy' and 'costs'. Inclusion criteria were studies assessing cost and/or possible cost reductions relating to paediatric GT. Exclusion criteria were studies: published before 2000, reporting a non-exclusively paediatric population, reporting the effect of GT combined with another procedure e.g. fundoplication. Two authors independently reviewed the title and abstract of identified articles against the inclusion criteria, inconsistencies were discussed and agreement on inclusion reached.

Results A total of 212 studies were identified from the search strategy. After screening, 35 were included in the systematic review. Publication dates ranged from 2003–2020. Eight countries were included: USA (26/35), Canada and the United Kingdom (2 each) and Australia, Brazil, Turkey, France and Poland (1 each). Twelve papers discussed insertion, 14 enteral feeds, 11 complications, 10 ongoing healthcare costs and 3 patient education. Findings are summarised in the table.

Subcategory	Key findings
Insertion and complications	Despite having longer theatre times, length of stay (LOS) and higher rates of early complications, laparoscopic gastrostomy (LG) and button percutaneous endoscopic gastrostomy (B-PEG) have lower costs compared to percutaneous endoscopic gastrostomy (PEG) due to fewer long-term complications Implementation of a standardized postoperative management protocol reduces LOS and cost
Ongoing healthcare costs	Maintenance of a gastrostomy amounts to a major proportion of the total cost, at approximately 40,000 USD a year B-PEG has a cost advantage over PEG by avoiding subsequent hospital admissions for change of tube Gastrostomies are associated with a higher likelihood of non-indicated acid suppression therapy
Patient education	Patient education programs reduce avoidable hospital visits and improve the general health of patients Multidisciplinary programs to reduce feeding tube dependence are cost-effective
Enteral feeds	The use of closed system containers is safe and more cost-effective than other systems Elemental and semi-elemental formulas are associated with increased costs despite lacking clear evidence of their providing improved outcomes

Conclusions This study provides a comprehensive review of the costs associated with GTs in children. Significant cost savings are possible at every point in the pathway of a patient with a GT. One-time cost savings are possible at insertion through the use of standardised protocols. The choice of device at insertion has both short- and long-term cost implications, the use of a primary balloon device offers cost savings over PEG devices. Longer term savings are possible through rationalising and protocolising feeds and medications. Patient education programs provide cost reductions through fewer hospital visits and have the potential to reduce tube use overall.