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

**1019 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.

![Table](https://example.com/table.png)

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.