Abstract 1125 Table 1 Demographics of NEC vs SIP

n (%) * IQR	NEC (50)	SIP (31)	P value
Gestational age *	26.77 (25.14–28.21)	26.19 (24.42–27.28)	0.16
Birth weight *	912.7 (735–1065)	879.68 (660–1015)	0.45
Male	34/50 (67%)	17/31 (53%)	0.22
Multiple	15/50 (29%)	11/31 (32%)	0.77
Age at onset of symptoms (days) *	24 (15.75–38)	6.4 (4–7)	<0.0001
CGA at onset of symptoms *	30.72 (28.85–32.82)	26.42 (25.14–28.14)	<0.0001
Age at first feeds (days) *	3.46 (2–4.25)	3.89 (2–4)	0.31
First milk type (mEBM)	37/50 (74%)	24/31 (77%)	0.73
Blood transfusion	7/50 (14%)	22/31 (71%)	<0.0001
PDA (medical treatment)	20/50 (40%)	14/31 (45%)	0.65

Abstract 1125 Table 2 Outcomes of NEC vs SIP

n (%)	NEC (50)	SIP (31)	P value
Mortality	19/50 (38%)	6/31 (19%)	0.08
ROP treatment	7/31 (14%)	7/24 (29%)	0.16
ROP treatment/death	26/50 (52%)	13/31 (42%)	0.38
BPD (home oxygen)	14/31 (45%)	15/24 (63%)	0.11
BPD/death	33/50 (66%)	21/30* (73%)	0.49

* One patient lost to follow up as transferred at 32w CGA

differentiate between NEC and SIP, both to identify potentially causative associations, and to better predict complications and outcomes.

Association of Paediatric Emergency Medicine

1126 IMPROVING PSYCHOSOCIAL CARE OF YOUNG PEOPLE IN ED POST COVID-19

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Background At the start of the COVID-19 pandemic, the care of 16 and 17 year old patients in the Emergency Department (ED) at St Thomas' Hospital was moved from adult ED to the adjacent paediatric ED in order to reduce the pressure on the adult department. Paediatric emergency clinical staff work with an embedded safeguarding team, hold a weekly psychosocial review meeting and so comprehensive adolescent assessment may be improved in paediatric ED.

Objectives The objective of this study was to compare the psychosocial care of 16 and 17 year old patients in the adult and paediatric emergency departments.

Methods

Setting The Emergency Department at Guys and St Thomas' NHS Foundation Trust is a large (>140,000 attendances/

annum) inner city department. The adult and children's (part of Evelina London Children's Hospital) departments are physically adjacent. There is separate Paediatric Emergency Medicine staffing.

Methods Attendances of 16 and 17 year old patients were retrospectively observed. ED notes from 100 random patients from both September 2019 and September 2020 were reviewed.

September 2019 was before the COVID-19 pandemic, and September 2020 after the first wave of COVID-19 in the UK. In September 2020 the majority of schools were open and despite no national lockdown there were still significant restraints on socialising/recreational activity in London.

Expected standard of care was that a HEADSS (psychosocial history) assessment was completed for each attendance.

Presenting complaint, completion of HEADSS questionnaires and need for referral to psychosocial services were assessed. Quality of HEADSS questionnaire was also scored using a grading system agreed amongst the team.

Results Primary mental health presentations had increased from 3% of total presentations in 2019 to 6% in 2020. Alcohol/recreational drug presentations increased from 1% to 4%.

HEADSS questionnaire completion increased from 20% to 53% between 2019 & 2020. Comprehensive completion increased from 7% to 40%.

Subsequent referral to psychosocial services (CAMHS (Child and Adolescent Mental Health Service), social care or liaison youth worker service) increased from 8% to 18% of all 16 and 17 year old presentations between the two periods.

Individual case reviews during the observed period showed that comprehensive completion of HEADSS questionnaires identified psychosocial issues which would not have been identifiable from presenting complaint or basic history alone.

Conclusions The departmental change brought about by the COVID-19 pandemic enabled a comparison between the care of 16 and 17 year old patients in adult ED and paediatric ED and how this might impact their psychosocial care.

In paediatric ED young people of 16 and 17 years old had a higher completion of comprehensive HEADSS questionnaires, there had been an increase in referrals to psychosocial services and we have seen evidence of psychosocial issues being identified and managed in paediatric ED when HEADSS questionnaires have been completed.

With an increase in mental health and drugs/alcohol presentations, a comprehensive psychosocial assessment is vital to ensure safeguarding and social needs are met.

Paediatric Educators' Special Interest Group

1129 YOUTH PRODUCTION OF 'WHAT MATTERS TO ME' IN HOSPITAL VIDEOS

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Background Before the COVID-19 pandemic began, the Youth Forum (Youth Empowerment Squad – YES) had identified a paucity of educational information for health care staff about the key issues for young people in hospital. YES decided to collaborate with a film-maker to produce videos about what matters to young people when in hospital. When the pandemic hit, and in-person forum meetings

turned virtual, it was decided that YES could continue this project in a different way than first anticipated. Members worked alongside a film-maker to record all videos themselves (ensuring COVID safety) and sent their cuts to the film-maker to produce short videos to be used as a resource for all. Young person created information for health care workers is a powerful educational tool to inspire and up skill staff members and to improve young adult patient experiences.

Objectives Members identified a lack of young person created resources to support staff learning in a Trust hospital setting. Members created these videos with the intention of them being used on the Trust website, during teaching sessions, etc. to teach clinical staff how to work with young people when in hospital.

Methods A professional film-maker was brought in and offered two virtual workshops to members, teaching them how to film themselves on their smart phones. Sessions topics included: narrowing down video theme ideas, how to obtain the best voice recording from your smart phone and designing the overall appearance for the videos.

With the support of clinical staff, members identified themes they'd like to discuss about what matters to them in hospital. Members with similar ideas were split into groups, other members chose to take on the project themselves. Picture and photo consent was obtained for all members participating.

When members finished recording what they'd like to include in their video, along with a script, they were sent to the film-maker to put together. Once the film-maker had come up with a draft, it was sent back to members via email to review. Members made their edits (with support of Trust staff) and a final cut was produced by the filmmaker.

Results A total of five videos were produced by the Youth Forum members. These videos debuted in Autumn of 2020 and have already been used extensively in Trust wide teachings. Members plan to put these video on the Trust website in the near future. Videos created include topics of: Youth Workers, Transition from Children's to Adult Services, Sectioning and How to Speak to Young People in an Age Appropriate Way. The young people involved also gained transferable skills in audio-visual content planning, recording and editing.

Conclusions Working collaboratively with the Trust Youth Forum, we were able to create resources made by young people, in their own words. Hearing the voices of young people in their own words is a wonderful resource that has been well received. It is with hope that these videos will continue to be used in Trust teachings and made available for others who might benefit.

Young People's Health Special Interest Group

1131

PATIENT EXPERIENCES OF TRANSITION FROM PAEDIATRIC TO ADULT SERVICES

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Background Young people face many challenges when entering adult life. For young people with complex health needs the process of transitioning from child-centred health care to adult services adds additional challenges. Research has consistently shown that making the transition process as effective as possible improves health and wellbeing outcomes for young adults with health needs.

Objectives We aimed to evaluate young adult experiences of transition at our large trust. We interviewed young adults from 4 different hospitals and 5 different clinical pathways. We gathered both quantitative and qualitative patient experience data to understand the strengths and weaknesses of our current transition pathways. We aimed to use this data to improve current pathways and to develop and improve transition across the trust.

Methods We identified all young adults who had completed the transition process in the last 2 years from 5 key transition pathways: Diabetes, Inflammatory Bowel Disease, Cystic Fibrosis, Nephrology and Haemoglobinopathies. Patients were contacted via telephone to complete a patient experiences survey capturing quantitative and qualitative data.

Quantitative data was aggregated and summarised in tables to assess overall satisfaction with the transition process. Qualitative data was analysed using a framework analysis approach to identify key emerging themes.

Results We received 24 responses from 110 attempted contacts. 68% of respondents recalled being given information regarding transition and 58% recalled attending a transition clinic. When asked about their experiences throughout paediatric, transition and adult clinics, the majority of respondents felt listened to, cared for and able to ask questions at all stages. However, positive responses decreased with progression to each stage. Respondents were asked if they felt they had received all necessary information at transition and adult clinics; whilst all transition clinic users agreed, only 80% of adult clinic users responded positively to this question.

9 key themes were identified from qualitative analysis:

1. Patients felt well prepared for the practicalities of transition.
2. Patients were unable to recall specific information they'd been given or whether they had attended a transition clinic.
3. Patients felt they received large volumes of information.
4. During transition there was an expectation that you were both an adult and a child.
5. Patients felt adult clinics involved longer waiting times and less flexibility
6. A perceived lack of flexibility around auxiliary services.
7. Patients found adult clinics better than they were expecting.
8. Inpatient issues
9. Patients start worrying about transition from a young age

Presented results will include verbatim quotes from young adult patients.

Conclusions Our results showed that patients had a generally positive experience of transition. There was, however, a perceived decline in care quality through transition and into adult services, which was also reflected in the qualitative data with patients highlighting a number of areas for improvement. Both qualitative and quantitative data identified a lack of meaningful transition education, with conversations on transition focusing on more practical aspects. Our research has informed a trust wide transition improvement programme focussed on young-adult care.