Most common diagnoses in travellers to South Asia were gastroenteritis (12/43,27%) and non-specific viral illnesses (11/43,26%).

Conclusions Almost half of patients presented with a diagnosable infection, using investigations relevant to their clinical presentation.

Malaria cases were identified only in travellers to Africa and West Asia. A greater proportion of gastroenteritis was identified in patients traveling to South Asia, in which stool and blood cultures identified the most positive investigations.

In febrile travellers returning from Asia and Africa, we would advocate a low threshold for a chest radiograph, parasite blood film, stool and blood culture being performed, due to high potential risk of infection and varied symptoms on presentation.

British paediatric respiratory society

1157

LET'S TALK AIR POLLUTION – IT'S EVERYONES RESPONSIBILITY

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Background London is one of the most heavily polluted cities in Europe. Tower Hamlets is an area of North East London and is an 'air quality management area'. Over 40% of its residents reside in area of unacceptable air quality. The impact on children's health is significant and long-lasting and exacerbated by the fact that they also attend schools in some of the most polluted parts of the city. In fact, Tower Hamlets has the 6th worst rates of admission for childhood asthma exacerbations in Greater London. Despite this most health professionals have limited time or resources to have meaningful conversations with patient groups regarding air pollution exposure.

Objectives We set out to empower local health professionals with the skills and knowledge to talk about and educate patients on the health effects of air pollution exposure and how they can mitigate these risks.

Methods A set of training materials were created in conjunction with the environmental charity Global Action Plan (GAP) and Tower Hamlets Council. They were co-designed with children and young people (CYP) with asthma, parents of children with asthma, community members, and healthcare professionals from different backgrounds (primary care nursing/doctors, secondary care, public health).

The resulting materials centre around 5 key simple themes for reducing exposure to air pollution and lessening its impact on children's respiratory health. These were disseminated through various avenues;

1. Interactive launch webinar
2. Virtual training video on Youtube (hosted on multiple online platforms at CCG, NHS hospital trust and the GAP Clean Air Hub <https://www.cleanairhub.org.uk/tower-hamlets>)
3. Direct patient contact with a cohort of paediatric asthma patients and their carers via their community Asthma nurse
4. GP surgery virtual engagement sessions

Results The programme was launched in conjunction with Clean Air Day 2020. So far we have provided training to GP surgeries, paediatric and A+E departments, pharmacies, health visitors, schools, and direct patient dissemination by the community specialist asthma nurse service.

To date over 110 children with asthma have had an air pollution discussion, and over 250 HCPs have been trained up to have these vital discussions. The GP engagement sessions and patient contact is ongoing. The material have been shared online and in paper form across the borough.

Conclusions Air pollution continues to have significant impacts on the health of our patients, and children are the ones at most risk. Going forwards we need to be able to include air pollution discussions in our consultations and support patients and families to make informed decisions about mitigating their risks.

The simple messaging associated with our project allows that conversation to be started. The engagement so far in the project suggests a welcome shift towards including these vital discussions in everyday practice and the next year will bring an evaluation of the impact of the project on both the HCPs involved and resulting impact on children and families understanding of air pollution.

Quality Improvement and Patient Safety

1158

USING QUALITY IMPROVEMENT TOOLS TO SUCCESSFULLY IMPROVE OUTCOMES IN PAEDIATRIC EPILEPSY

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Background The epilepsy team at a district general hospital embarked on a quality improvement (QI) drive as part of the RCPCH Epilepsy Quality Improvement Programme (EQIP). The team comprising of consultant, epilepsy nurse and physician associate, used quality improvement tools and learning from EQIP to improve the care of children and young people with epilepsy.

Objectives The purpose of this presentation is to share the outcomes and learning from the quality improvement project.

Methods The initial purpose of the project was to devise and implement a feedback tool to use with children and families to create a patient centred service with an ongoing feedback loop. The various tools we used included:

1. Driver diagram to breakdown the task into primary, secondary and ideas for change
2. Process mapping
3. Multiple Tests for change – for example the first test was a simple question to family to ask if they wanted to take part
4. Plan Do Study Act cycle for evaluation and reform of process
5. Periodic discussions with EQIP team & RCPCH&Us to guide the progress.

The feedback with the new feedback form was then achieved from 42 respondents.

Results Reflection/Learning from the QI process:

1. Being part of a national drive and in company of other teams with similar goals was inspiring and created enthusiasm which is paramount in this initiative.