Abstract 1453 Table 2 The different roles of the Bitesize presenters. The MDT included nurses and nurse educators, a pharmacist, a Speech and Language therapist, physiotherapist and breastfeeding support specialists. Presenters who delivered more than one session were counted once.

Consultant	5
Trainee	12
MDT	8

The response was positive even after 6 months. When asked what they liked about Bitesize, 78% (n=11) highlighted the brevity of the sessions.

Participants were asked if they would like Bitesize to continue (if staying in the NICU) or to be initiated in their new department (if rotating) and 100% (n=14) said that they would.

Conclusions Bitesize teaching is a valuable technique for delivering concise and relevant teaching in a busy department. The brevity promotes inclusivity of different team members and encourages the virtual participation fostered in the current pandemic climate.

REFERENCES

1. Aldeen Amer. Gisondi M. Bedside teaching in the emergency department. *Acad Emerg Med* 2006 Aug;**13**(8).
2. Bari Arfan. Dermatology Residency Training in Covid-19 Pandemic: Transition from traditional to online teaching. *J Coll Physicians Surg Pak* 2020;**30**(6).
3. Manning K. Spicer J. Golub L. Akbashev. Klein R. The micro revolution: effect of bite-sized teaching (BST) on learner engagement and learning in postgraduate medical education. *BMC Med Educ* 2021;**1**(69).
4. Tattersall A. Beecroft C. Freeman J. Learn something new in 20 minutes. Bite size sessions to support research and teaching. *Health Info Libr J* 2013;**30**(3).

Association of Paediatric Palliative Medicine

1454 MEDICATION ACCESS AND SUPPLY ISSUES AS A BARRIER TO GOOD SYMPTOM MANAGEMENT: HOW BIG IS THE PROBLEM?

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Background The number of children living with life limiting conditions (LLC) has increased over the last 17 years with a current prevalence in the UK of 66.1 per 10000. Care of these children is complex, requiring care in a number of settings including district and tertiary hospitals, hospices, communities and family homes from a number of professionals – specialist doctors, general practitioners, nurses, pharmacists as well as parents and carers. Differences in access and supply of medications across settings, as well as differences in confidence in prescribing unlicensed or off label medications, not to mention lack of effective communication between individuals and institutions, can lead to delays in delivery of needed symptom management.

Objectives To identify and quantify access and supply issues for patients receiving care from a specialist palliative care team at a tertiary centre and to consider the impact of these

issues on patients, their families and professionals, as well as ways in which problems could be ameliorated.

Methods Identification and review of all instances of medication access and supply issues for patients referred to a tertiary palliative care team between February 2020-August 2020 (inclusive) through chart review, reporting and discussion at the weekly multidisciplinary team (MDT) meetings, daily on call handovers and via telephone requests to the team. Access and supply issues were coded by type (e.g. availability, prescribing, dispensing), location (e.g. community, local hospital, tertiary hospital and national) and patient consequences (e.g. change in location of care, delay in receipt of medication).

Results 102 patients were referred to the tertiary palliative care team over the study period. 87 symptom management plans (SMPs) were written for 58 patients. 14 patients (24% 14/58) patients had documented difficulties with medication access and supply. This issues occurred across all service providers, but were most common in the community and local hospitals. Common issues identified were:

- Lack of ability to source drugs locally (e.g. ketamine, gabapentin, lansoprazole, diamorphine, aprepitant)
- Difficulty or inability to prescribe medications in the community
- Incorrect preparations dispensed
- Delay in prescribing medications for symptom management
- Issues with ongoing supply for non-formulary medications

Resolving these issues took a significant portion of palliative care team members time. More significantly, however was the impact on patients. Notably two patients required emergency readmission to hospital for symptoms which could have been managed effectively at home had there not been access and supply issues.

Conclusions Medication access and supply issues affect a significant number of children with LLC and can impact effective symptom control and place of care. Next steps to address these issues include: education program for professionals involved in care of children with LLC focused on medications commonly used in paediatric palliative care, need for timely/ anticipatory prescribing and effective collaborative working amongst professionals in a variety of settings where these children are cared for.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1455 USING A PATIENT REPORTED EXPERIENCE MEASURE (PREM) TO ASSESS THE EXPERIENCE OF CARERS IN PAEDIATRIC INTENSIVE CARE DURING THE COVID-19 PANDEMIC

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Background In April 2020, in response to the emerging COVID-19 pandemic, NHS England recommended limiting visiting to hospital inpatients, with resultant changes to our hospital policy of open visiting limiting visits to a single carer. In addition, changes to the way healthcare professionals interacted with carers had to be implemented, such as remote