Association of Paediatric Palliative Medicine

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ENHANCING JOINT WORKING BETWEEN PALLIATIVE CARE AND COMMUNITY PAEDIATRICS

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Background Paediatric palliative care is a relatively new specialty area. It provides a holistic approach caring for children with life limiting conditions to enhance their quality of life and their symptom management and support end of life care. The updated RCPCH progress curriculum recently incorporated palliative care competencies in all training levels. However, exposure to palliative care during paediatric training remains limited, which may impact upon clinician confidence managing children with life limiting conditions and referring for specialist support. Our overall project aims to improve joint working for patients under our community paediatric service who are also known to palliative care, and improve local training.

Objectives To establish baseline data about current clinical confidence of our junior doctors and consultants with palliative care referrals, previous experiences of liaising with palliative care and team suggestions for ways to improve and then enact a joint clinic and teaching programme.

Methods Paediatric trainees and consultant general and community paediatricians currently working in an inner city district general hospital were invited to complete an online survey. They were asked similar questions specifically tailored to their individual roles. Confidence was assessed on a five point scale (1 lowest confidence; 5 highest confidence). Mean scores <2/5 were considered low confidence; mean scores of 2/5 were considered moderate confidence; mean scores ≥3/5 were considered high confidence. We have analysed responses from the first 20 responders to the survey which involved 5 general and 7 community consultant paediatricians and 8 trainees.

Results Consultants had high or moderate confidence in all three areas of interactions with the palliative care team. In contrast trainees had low confidence in all areas. Both general and community consultants had only moderate confidence in referral criteria, while trainees had low confidence. Both consultant groups had high confidence discussing patient management with the palliative care team, while trainees had low confidence in this area too. Fewer than 40% of trainees were familiar with how to contact the palliative care team compared with over 70% of consultants.

Perceptions of Interactions With Palliative Care Team (PCT):

	Hospital Consultants (n=5)	Community Consultants n=7)	Trainees (n=8)
Understanding referral criteria	Moderate	Moderate	Low
Confidence in how to contact PCT	High	Moderate	Low
Initiating clinical management discussions with PCT	High	High	Low
Low <2/5; Moderate 2/5; High ≥3/5			

Conclusions Our results highlight the challenges for paediatricians involved in joint working with tertiary palliative care services for the benefit of shared patients. The most pressing problem is the limited confidence of trainees in referring to the service and discussing patients with the palliative care team. This area is a priority for future teaching sessions. The limited confidence of all groups in the referral criteria for palliative care underlines the need to reconsider how patients are referred. These survey findings have provided the impetus to establish regular joint clinics of the palliative care team involving both hospital and community consultants, and to enhance information sharing between all groups. We have held clinics using a blended model with some clinicians present with patients and families, and others joining remotely.

British Paediatric Allergy Immunity and Infection Group

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NEONATAL HSV DISEASE IN INFANTS UNDER 90 DAYS OF AGE IN UK AND IRELAND: BPSU STUDY INTERIM ANALYSIS

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Background Neonatal herpes simplex virus infection is a rare but dangerous condition with a high mortality and morbidity unless recognised and treated early. A recent study¹ suggests that the UK incidence may have increased since the last national surveillance studies were undertaken 15 and 30 years ago.^{2,3} There is currently no national guidance on when to initiate treatment for suspected neonatal HSV. Rising numbers of HSV cases may support the wider use of empirical treatment.

Objectives To define the: (1) current burden of HSV disease and virus types, in UK and Irish infants less than 90 days, over a two-year period, (2) types of HSV disease ie disseminated, meningoencephalitis or skin/eye/mouth disease, (3) presentations and management, (4) source of transmission, (5) antenatal risk factors.

Methods Prospective surveillance of HSV infection in infants < 90 days of age in UK and Ireland commenced in July 2019 through the British Paediatric Surveillance Unit (BPSU). Paediatricians reporting cases were requested to complete a detailed semi-anonymised questionnaire. Case notifications & data from completed questionnaires during the first 18 months, July 2019 - Jan 2021, are reported here.

Results 137 cases reported to BPSU: 8 were errors, 80 clinicians completed questionnaires, 21 confirmed duplicates, leaving 59 cases for analysis. Estimated incidence is 6.9 cases per 100 000 live births based on 2019 UK & Ireland birth rates. 31 (53%) male, 17 (29%) born <37 weeks. 21 (36%) had disseminated (blood pcr positive), 18 (30%) encephalitis and 20 (34%) skin/eye/mouth (SEM) disease. HSV1: 29 (49%), HSV 2: 25 (42%), unknown:5 (9%). More of those with disseminated and CNS disease had HSV2 infections and more with SEM disease had HSV1. Presenting features of disseminated disease were non specific and only 3/21 (14%)