Association of Paediatric Palliative Medicine

1486 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

1487 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%)

presented with a fever. 10/21 (47.6%) had a CRP of less than 20 at presentation, 11/21 (52.3%) had a transaminitis. Disseminated disease was present in 4/5 (80%) babies born at <28 weeks and 11/39 (28%) >37 weeks gestation.

Aciclovir was commenced in 54/59 but in only 23/59 (39.0%) on the day of presentation. Overall mortality was 22% but 57% in those with disseminated disease. Mortality by gestation was 60% <28 weeks, 25% 28–36+6 weeks and 18% >37 weeks.

Conclusions Incidence of neonatal HSV has doubled since the last national surveillance study. Mortality remains high and presenting features of disseminated disease are non-specific. Absence of fever in 86% of cases demonstrates that HSV should not only be considered in the assessment of the febrile infant. Awareness of this disease needs to be raised to enable early recognition and treatment.

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British Paediatric Neurology Association

1488

MANAGEMENT OF BELL'S PALSY IN CHILDREN – A REVIEW OF CURRENT EVIDENCE

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Background There is strong evidence that oral steroids improve outcomes in adult patients with Bell's palsy, but no consensus for paediatric patients. Different management approaches exist. All use eye drops, and then either expectant management, oral steroids, or steroids and antivirals.

Objectives To review the current literature for management of Bell's palsy in children to support the development of clear guidelines.

Methods A literature search was performed in MEDLINE, EMBASE, and CENTRAL. The results were screened with inclusion criteria (1) participants aged 18 or younger and diagnosed BP; (2) compared steroids vs placebo, steroids and antiviral vs placebo, or antivirals vs placebo (3) Primary endpoint recovery of motor function using an explained clinical scale. Randomised clinical trials (RCTs), retrospective cohort studies, and cross-sectional studies were included. Meta-analysis, case reports, and systematic reviews were excluded. Study quality was evaluated using the NHLBI quality assessment tools.

Results Twenty studies were included for analysis. An RCT and 15 retrospective cohort studies looked at steroid vs expectant management of BP in children. One retrospective cohort study found steroids alone improved duration until full recovery but not overall recovery rate. The other studies in this group found no statistically significant difference between steroids and expectant management. Steroids + antivirals were compared to steroids alone by 3 studies; an RCT found steroids + antivirals to be significantly better than steroids alone,

and 2 retrospective cohort studies found no significant difference between steroids alone and steroids + antivirals. A retrospective cohort study found no significant difference in recovery between high and low-dose steroids.

The studies are of poor quality. None performed power calculations and they are all underpowered to detect the effect size found in larger adult studies. The retrospective cohort studies did not address important confounding factors, such as whether BP severity affected clinicians' treatment choice.

Conclusions Paediatric studies fail to demonstrate the beneficial effects of oral steroids shown in adult studies but their designs are inadequate to detect potential benefits. The poor quality of existing research is an important limiting factor, and so high quality RCTs are indicated to investigate the effects of steroids alone and steroids with antivirals in paediatric BP patients.

International Child Health Group

1489

EVALUATION OF A MULTI-PROFESSIONAL PAEDIATRIC TRAINING PROGRAMME IN A GLOBAL HEALTH PARTNERSHIP

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Background Birmingham Women's and Children's Hospital (BWC)–Malawi Partnership is a global health partnership created to improve the health of children through an education and training programme between paediatric departments at BWC and Queen Elizabeth Central Hospital, Malawi (QECH). A key component of the Partnership has been the delivery of paediatric training by multi-professional teams including nurses, doctors and allied health professionals (AHP).

Objectives To evaluate the impact of multi-professional paediatric training delivered by the BWC–Malawi Partnership.

Methods A mixed-methods evaluation was undertaken using quantitative questionnaires and semi-structured interviews with 101 QECH staff in Malawi and 18 BWC trainers to assess the impact of training interventions, as part of a formal evaluation of the Partnership.

Results Formal classroom and bedside training sessions in paediatric Neurology, Respiratory, Burns, Cardiology, Haematology, Nephrology, Safeguarding and Radiology have been delivered. Sessions were arranged based on identification of learning needs by QECH staff and availability of BWC trainers. Multi-professional sessions by specialist nurse/doctor/AHP teams as well as individual sessions were undertaken. Sessions were targeted for either inter-professional or single profession audience.

71% of doctors and 74% of QECH nurses were aware of the training sessions as part of the partnership. 29% of doctors and 22% of nurses attended the sessions. 33% of attendees were from the acute care ward and 29% from A&E, with the remaining 8 paediatric clinical areas constituting 38% of attendees.

50% commented specifically about the teaching when asked open questions about the benefits of the partnership. Similarly 45% mentioned the value of multi-professional team teaching