British Association of General Paediatrics

1617 EVALUATION OF A MULTIDISCIPLINARY TEAM MODEL OF CARE IN PAEDIATRIC INFLAMMATORY MULTISYSTEM SYNDROME TEMPORALLY ASSOCIATED WITH SARS-COV-2 (PIMS-TS)

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Background Coronavirus disease (COVID-19) pandemic has seen the emergence of a novel paediatric condition Paediatric Inflammatory Multisystem Syndrome Temporally associated with Severe acute respiratory syndrome coronavirus 2 (PIMS-TS). Royal College of Paediatric and Child Health guidance for the management of PIMS-TS recommends early discussion with relevant specialists in a multi-disciplinary team (MDT) setting.

A regional MDT panel including representatives from cardiology, general paediatrics, infectious diseases, intensive care, rheumatology, research and pharmacy was established in May 2020 at pace with the evolution of PIMS-TS. Daily clinical decision support was provided using a video conference platform for all regional paediatric units.

Objectives We describe the evaluation of the newly configured PIMS-TS MDT, using a mixed-methods survey to capture user experience and feedback.

Methods Evaluation was conducted in July 2020. All users of the MDT service including chairpersons, panel members and referring clinicians were invited to complete the online survey. A 28-point questionnaire based on validated MDT evaluation methodology was developed and included 5 domains relevant to the PIMS-TS MDT: 1. Meeting organisation and process 2. Meeting infrastructure and logistics 3. Clinical decisions 4. Working and culture 5. Meeting feedback.

Results Survey response rate was 75%. Results from each domain is as below:

1. Meeting organisation and process: – Users (90%) were aware of referral criteria, referral processes (86%) and MDT configuration including chairperson (90%) and panel members (75%). Majority were not aware (27%) or uncertain (25%) of specific meeting structure and protocols.
2. Infrastructure & logistics: Majority (63%) found accessing videoconference platform straightforward (90%), with only (18%) reporting quality issues. Notably, nearly half the MDT users (49%) reported capacity and time restraints affecting their ability to attend the MDT.
3. Clinical decisions: Clarity of clinical recommendations was acknowledged by majority (90%). Two thirds (65%) were aware of case referral proforma, nonetheless, majority were unsure or not aware of processes around post-MDT documentation in patient records.
4. Working and culture: There was 98% agreement that MDT facilitated constructive discussion, supported learning and research and had positively impacted patient care.
5. Meeting feedback: Rapid access to specialist expertise and complex decision-making support was universally acknowledged. Areas highlighted for improvement pertained to time and capacity constraints limiting participation, and to

embed an MDT culture which encouraged inclusive, supportive behaviours and a collaborative team ethos.

Conclusions Our evaluation of the new PIMS-MDT demonstrates the process of agile adaptation to change followed by continuous learning and improvement, required to create efficient healthcare systems. User survey feedback identified excellent practice of achieving region-wide standardised care but also highlighted time and capacity constraints and the importance of fostering a supportive culture, which were subsequently incorporated in developing the MDT processes. Rapid implementation of system-wide changes at unprecedented scale and pace has been the norm during the COVID-19 pandemic, but this must be coupled with iterative cycles of learning and improvement to ensure optimal care.

Young People's Health Special Interest Group

1618 INVOLVING AND ENGAGING CHILDREN, YOUNG PEOPLE AND CARERS IN THE ECHILD PROJECT

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Background Involving children, young people and parents in research about them is essential. However, best practice specific to research involvement and engagement using administrative data is under-explored, yet particularly important given past high-profile cases of big data mismanagement and security breaches that have reduced public confidence. We describe our approach and interim findings from a programme of research involvement for the ECHILD (Education and Child Health Insight Linked Data) project. ECHILD links the Hospital Episode Statistics database with the National Pupil Database, to examine relationships between health and education for children and young people in England, with particular emphasis on understanding the impact of the Covid-19 pandemic on vulnerable groups.

Objectives We planned a programme of child, young person, parent and public involvement and engagement throughout the duration of the project. Our objectives were to i) understand the diversity of views on linking these two datasets, ii) explore how definitions of 'vulnerability' might differ to those applied by Government Departments, and iii) identify priorities for research questions that can be answered by the linked dataset.

Methods We accessed three standalone patient and public involvement groups comprising 30 children, young people and parents/carers through our partner, the National Children's Bureau (NCB). The groups were i) the Young Research Advisors, ii) the Family Research Advisory Group, and iii) FLARE, which is organised through the Council for Disabled Children and commissioned by the Department for Education. Sessions were online, semi-structured and facilitated by the NCB between August – December 2020. Content was captured through facilitator note-taking, flipchart paper with sticky notes and digital posts created by members in the groups.