the experience of young people in the PED during this time and their preferred setting to receive care.

Objectives To determine the satisfaction reported by adolescents when visiting a PED and elicit the acceptability of both paediatric and adult services in this age group.

Methods A prospective 10-point survey was developed to assess adolescents' overall satisfaction with their PED experience as well as their views on the waiting room setting, clinical treatment areas and staff. Data was collected over an eight-week period from adolescents aged fourteen and fifteen attending PED. The survey was administered at point of discharge or admission to hospital and completed anonymously. A 5-point likert scale was used to gauge the experience of adolescents with the addition of a free text response to allow for further comments on patient experience.

Results Fifty-three patients completed the survey with 99% rating their overall experience as good or better. The majority of participants were not known to paediatric services (85%). 43% of respondents had attended an ED in the previous twelve months of which eleven had previously attended an adult ED. Over half of these patients (55%) preferred the paediatric setting. Conversely, 70% of those who previously attended a PED wished to continue to be seen in this setting. Common themes included reduced fear and anxiety in PED, as well as the perception that paediatric staff have a better understanding of needs. Additionally, adolescents with specific needs expressed a lack of readiness to attend adult services with concerns surrounding lack of familiarity and challenging sensory environments.

Conclusions The majority of adolescents surveyed showed preference for the PED with environment and communication approaches identified as influencing factors. Our study highlights the importance of considering the needs of the adolescent as distinct from those of young children and adults. Wherever emergency care services are delivered to young people, providers should strive to provide an 'adolescent friendly' environment to meet physical, emotional and psychological needs. Clinical need, service capacity and individual choice should be considered in future decision-making tools to determine the setting in which emergency care is delivered.

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BRIDGING THE GAP: AN INNOVATIVE APPROACH TO HEARING THE VOICES OF OUR LOCAL YOUNG PEOPLE

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10.1136/archdischild-2021-rcpch.760

Background Adolescents have specific and defined healthcare needs yet often fall between the current provision of paediatric and adult healthcare services. Adolescents account for 36% of Emergency Department (ED) attendances and 20% of inpatient care,¹ yet compared with older adults, adolescents report being less satisfied with their care, feeling less involved with their care, and less likely to feel they are treated with dignity and respect.²

In 2018 a needs analysis was conducted by Young Harrow Foundation (YHF) in collaboration with the ED with the aim of improving the experiences of young people (YP) attending

hospital.³ Building on this, based on a concept piloted between YP in Hackney and the Metropolitan Police looking at Stop and Search processes, the Bridging the Gap Youth Committee has been established. This 12-month project brings together local YP with ED and Paediatric staff, facilitated by the Young Brent Foundation (YBF), to discuss the challenges faced by both groups within the hospital environment.

Objectives

- To provide YP and staff with a forum to discuss care for adolescents and young adults within the ED.
- To foster understanding between the two groups.
- To use the forum to develop solutions to challenges faced by YP, with a view to improving care.

Methods Local YP were invited to participate through links with YBF, Young Harrow Foundation (YHF) and the St. Giles Trust with which the ED work closely. Monthly two-hour virtual roundtable sessions are planned to operate from February 2021. The structured sessions are recorded and include an ice-breaker, communication exercises and breakout rooms in order to encourage honest dialogue and interaction with a focus on challenges both groups face within the hospital environment. Parties are encouraged to create an innovative model of working with YP leading to positive engagement and sustainable relational opportunities.

Results Our first roundtable event was attended by 15 staff and YP. The following themes were identified:

Work pressures:

Adolescent participants recognised the pressures faced by staff working in the ED environment and how this can create potential barriers to good patient care and, in particular, effective communication.

Trust:

A number of reasons for a lack of trust in professionals were raised, including occasions where confidentiality may have to be breached for safeguarding purposes.

Communication:

Differences in language used by YP and healthcare professionals were identified an obstacle to good communication.

Conclusions Adolescents' experiences of healthcare are affected by unexplained waits, difficulties with understanding and a lack of trust in healthcare professionals.

To broaden the scope of discussions and reduce the risk of engaging 'professional patients' with prior experience of health improvement work, YP will be recruited via the hospital-embedded youth worker service.

Means to improve the relationship will be fed back to hospital staff during departmental teaching, awareness events and via adolescent working group meetings. Adolescent-specific information and resources will be promoted, and a Young People's Charter setting out the rights of YP using the service will be created. Listening to the voices of young people is fundamental to the success of future policy design and practices.

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