Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1676 INCORPORATING THE VOICE OF THE CHILD: FEEDBACK FROM LOOKED AFTER CHILDREN ON CHANGES TO COMMUNITY PAEDIATRIC SERVICES DURING THE COVID-19 PANDEMIC

Saskia Wills, 1Jaqueline Simmons, 2Sveta Alladi. 1Barts Health NHS Trust; 2East London Foundation Trust

Background The Covid-19 pandemic and resultant requirement for social distancing has necessitated changes to many Children’s and Young People’s (CYP) Services. There has been widespread concern amongst health and social care professionals about how these changes may be impacting vulnerable CYP, especially Looked After Children (LAC). A community child health centre in East London moved to a predominantly remote format of health assessments for LAC during the Spring 2020 ‘lockdown’. The multi-agency partnership wanted to understand the views of service users and impact on CYP of the shift to predominantly remote interactions with the LAC medical and nursing team.

Objectives To understand the service user perspective of ‘Looked After Children’ in an East London Borough during the COVID 19 pandemic, including views on virtual consultation. This was with a view to optimising the service for the future.

Methods The LAC Health team, in partnership with the local authority and Children in Care Council, conducted a virtual focus group with ‘Looked After Children’. The CYP were members of the Children in Care Council and volunteered to participate. The age range of participants was 8 to 17 years. The group was conducted using the video-conferencing platform ‘Zoom’. It was facilitated by paediatricians, nurses, and a patient participation lead. CYP were divided into break-out groups, and a virtual ‘brainstorming’ tool was also used. The participants were asked about where and how they access health information, how they prefer to interact with the healthcare team, and what they felt had been positive and negative about how their service has been adapted during the current pandemic, as well as their hopes for the future service. The session lasted 1 hour.

Results The following themes were extracted from the discussion:

- Most participants said their carer was their first port of call for health advice. Some participants also used technology such as search engines and apps for health queries.
- While most felt the paediatric team’s main role was to look after their physical health, some also mentioned the importance of their human connection with the healthcare team.
- All the participants said that, given the choice, they would prefer to have ‘face to face’ appointments.
- Attitudes to telephone versus video appointments varied; some felt that being able to see their healthcare workers was very important to the interaction, but others found video calls uncomfortable. Poor internet access was mentioned as a barrier to using online video platforms for consultations.

Conclusions The wellbeing of vulnerable CYP has been of particular concern amongst health and social care workers during the Covid-19 pandemic in the UK. During the pandemic, our service has become more reliant on technology and virtual consultations. Of note, the young people we spoke with reinforced the importance they placed on face to face interaction where this is possible.

Service user feedback and co-development is vital to our attempts at optimising our services and ensuring the voice of the child continues to be heard, even during a pandemic. The department incorporated this focus group feedback and increased face to face consultations.

British Paediatric Allergy Immunity and Infection Group

1677 IMPACT OF THE COVID-19 PANDEMIC ON THE DELIVERY OF THE EUROPEAN THYMUS TRANSPLANTATION PROGRAMME

Evey Howley, Irene Obiri-Yeboa, Matthew Buckland, Stefano Giuliani, Joe Curry, Austen Worth, E Graham Davies, Alexandra Kreins. Great Ormond Street Hospital

Background Congenital athymia, due to complete DiGeorge syndrome (cDGS) or rare monogenic disorders affecting thymus development, is associated with profound T-cell lymphopaenia and susceptibility to opportunistic infections. Left untreated, athymia is fatal within 1–2 years. It can be successfully treated by thymus transplantation, using cultured thymic tissue obtained from infant donors when necessarily removed during cardiac surgery. In Europe, thymus transplantation is only offered at our centre. Following increased awareness and progressive international implementation of newborn screening (NBS) for severe combined immunodeficiency (SCID), we received a record number of referrals in 2020. Significant restrictions on worldwide travel and reallocation of healthcare resources during the COVID-19 pandemic resulted in the temporary interruption of international admissions. In order to facilitate the timely admission for this life-saving treatment, we developed a modified care pathway (MCP) to address the challenges identified at local, national and international levels.

Objectives Optimisation of resource allocation to prevent negative impacts of delayed treatment in athymic infants during the COVID-19 pandemic.

Continued delivery of high quality, complex patient care and positive patient experience through a MCP.

Methods We conducted a service evaluation to assess the effectiveness of the MCP and the impact on time-to-admission for transplantation.

We completed short interviews with accompanying parents and referring clinicians to survey their experience of the thymus transplantation programme during the pandemic.

Results With the support of our Trust and NHS England, a MCP was agreed and implemented to ensure safe transfer, admission and repatriation.