miles to the NHB, 33 (45.8%) drove 5-10 miles and 16 (22.2%) more than 10 miles.

All responses (72) found NHB acceptable and 70 (97%) would be happy to return. 63 (90.3%) would prefer to attend the NHB or had no preference for their appointments. All comments were positive focusing on good management and organisation as well as on the friendly, calm and safe environment. Families particularly valued the close and free parking. Any negative comments related to the signposting to venue, the lack of catering facilities and the number of toilets.

**Conclusion** Alternative ambulatory services have been a successful means of managing a potential crisis in access to healthcare. The pop-up service model was highly acceptable to families and provokes consideration of the need to investigate future similar initiatives as potential alternative models to maximise capacity in acute settings. It was an environment in which families felt safe and well-cared for, was more easily accessible than a city centre busy hospital and allowed the clinical team the opportunity to work more closely than usual. This highlights the need for selected hospital services to consider looking further afield in order to ensure the provision of equitable healthcare in line with the NHS Forward plan.

### Abstract 1143

**SETTING UP A POST COVID-19 SYNDROME SERVICE FOR CHILDREN AND YOUNG PEOPLE ACROSS LONDON – A COLLABORATION ACROSS THREE TRUSTS**

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**Aims** Describe an interdisciplinary hub and spoke healthcare model for children and young people (CYP) with Post COVID-19 Syndrome

**Methods** From November 2020, with NHS London and NHS England support, clinicians and AHP chief with backgrounds in infectious disease, adolescent medicine and psychiatry from across trusts in London collaborated to set up a hub and spoke model for delivering care to CYP with post COVID-19 syndrome. This was an iterative process with involvement of patient cohort.

CYP are referred into a central weekly virtual multi-disciplinary ‘hub’ meeting for discussion with specialists across infectious disease; respiratory; rheumatology; neurology; chronic conditions (including ME/CFS ); mental health; and allied health practitioners (AHP) with experience of rehabilitation including occupational therapists, and physiotherapists, dieticians, safeguarding practitioners. The groups has a diversity lead. The group has regular evidence-based CPD.

Referrers (local paediatricians or GPs for 17-18 year olds) present patient to the MDT for discussion of diagnosis, investigation and management.

Website-housed referral pathways including recommended baseline assessments are provided for referrers. A developing group of local integrated care service paediatric and AHP champions support local management, pathways and education around post COVID-19 syndrome.

Patients follow one of two pathways:

1. Local management, using already available services which the MDT support
2. Face-to-face interdisciplinary consultation and rehabilitation for severe or complex cases.

**Local support** MDT discussion, and advice to local team with letters to patients outlining impression and advice; school adjustments letters; leaflets for health professionals and CYP/family across a range of known Post COVID symptoms and difficulties.

AHP delivered virtual groups and webinars include pacing; emotional wellbeing; symptom management; eating, and sleep.

As the first established post- COVID-19 service for CYP in England, we have led and supported the development of 14 other MDTs nationally.

**Results** Between 1st April 2021 and 1st February 2022 89 patients were referred to the virtual MDT. All have received information leaflets to aid recovery. 25 CYP/families have attended the virtual groups so far. 57 CYP have received an interdisciplinary consultation and received bespoke MDT input. (see table 1)

**Evaluation of the cohort, and referrer and patient experience has been commenced.**
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Conclusion In response to the clinical need of CYP with post COVID symptoms, the collaborative development of a Pan London service across 2 clinical sites, and 3 NHS trusts is an example of how specialist clinical care can be delivered virtually using a hub and spoke model for a proportion of patients with a complex disorder. The service development element is applicable to other future emerging diseases as well as a possible model for conditions that require multiple specialist inputs and can have confused pathways or delays in diagnosis (such as functional disorders or multi-organ pathology).

Acknowledgements on behalf of the Pan-London Post COVID Study Group.

1144 HOW USEFUL TO PAEDIATRIC NEUROLOGY GRID TRAINING ARE OUT OF HOURS SHIFTS?

Aims Most paediatric neurology training in the UK currently involves successful completion of a Grid training programme run through tertiary paediatric neurology centres, with training supervised by the (BPNA) and Royal College of Paediatrics and Child Health (RCPCH) College Specialty Advisory Committee. Training often includes participating in an out-of-hours on-call rota, with the rota and roles undertaken varying significantly amongst training centres. This study reviewed the perceived usefulness of out-of-hours shifts towards their paediatric neurology training amongst Grid trainees in the UK.

Methods All paediatric neurology Grid trainees working in the UK in February 2021 were invited to participate. Data was collected over five months (February to June 2021) on the UK in February 2021 were invited to participate. Data was collected on a total of 39 shifts (24 nights, 9 evenings and 6 weekends). Significant variation was seen in the clinical areas covered; 33/39 (85%) shifts covered either general paediatrics or the emergency department. No shift solely covered paediatric neurology/neurosurgery. In total, 294 individual cases were seen, with 40/294 (13.6%) being deemed relevant to paediatric neurology training, this includes cases seen on a routine weekend ward ward (10/40; 25%) and practical procedures (lumbar puncture; 2/40, 5%). 17/294 (5.8%) were deemed relevant to acute/emergency neurology training. In two centres the Grid trainee did not gain any experience of acute/emergency neurology over the shifts included (total 9 night, 4 weekend day and 5 evening shifts).

Conclusion Most paediatric neurology Grid trainees undertake out-of-hours work in some capacity during their training. In no centre was this solely covering neurology/neurosurgery; most trainees cover general paediatric wards and/or admissions, or a combination of subspecialty wards. Rotas that covered specialist wards (including neurology) had the highest relevance to training whereas covering general paediatrics had the lowest relevance. Out-of-hours training is often justified as providing exposure to acute/emergency neurology presentations; however, as only 5.8% of cases were felt to provide this our data challenges this view. Most cases seen related to general paediatrics rather than neurology subspecialty training.

1287 IMPROVING CARE FOR REFUGEES AT A ‘BRIDGING HOTEL’

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Aims Children make up a significant proportion of the refugee and asylum seeker population in the UK and have complex health needs. There are approximately 80 ‘Bridging Hotels’ in the UK that provide temporary accommodation and support for refugees awaiting permanent placement, including healthcare. We aimed to better understand this group’s experiences of healthcare and health needs in order to improve the care provided for local refugees. Specifically, we aimed to: support families in reaching the right services, to provide feedback on the model of care delivered at this hotel, and to inform future health planning for this population and similar groups.

Methods We conducted a series of interviews with five Afghan refugee families accommodated at a large inner-city hotel using an interpreter. Families were asked about their experiences of healthcare inside and outside the hotel, their health needs prior to and since coming to the UK, and their confidence in accessing care for themselves and their children.

We also spoke to other healthcare professionals, including a hospital paediatrician, specialist nurse, school nurse and health visitor, about the challenges they faced when providing care for this group.

Data collected by the local council and by the onsite GP practice was reviewed. This information was fed back to key stakeholders, including local public health and GP leads, and used to develop four key plans.

Results Families had overwhelmingly positive experiences at the onsite GP. However, many struggled to access