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’

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...