mainstream GP and 111 services due to language barriers and confusion around GP registration. Many expected medication to be given at each healthcare interaction and were deterred by the ‘watch and wait’ approach to minor illness in the UK.

Management of long-term health conditions in secondary care was complicated in this group due to interruptions to care, delays in receiving NHS numbers and GP registration, language barriers and an unstable home environment. This led to unnecessary A&E attendances and sub-optimal care.

Infectious disease was an issue in the hotel. There was an outbreak of varicella in the hotel which affected 60 children. A large proportion (70%) of children lacked immunisation plans and screening for TB was limited. Mental health problems were also common.

Conclusion Addressing the needs of this population requires a ‘joined up’ approach between healthcare providers and must be tailored to the specific population.

Four key plans are being enacted to further address the ongoing needs of this population. Refugee children with complex mental or physical health needs will be discussed at existing multidisciplinary team meetings, which connect expertise from local GPs, paediatricians, school nurses, CAMHS professionals and health visitors. To address ongoing confusion around accessing healthcare services, further in-person education sessions have been delivered with a focus on child health and immunisations. An infectious disease screening programme has been jointly developed to screen for TB and blood-borne viruses, in keeping with government guidance. Further initiatives to create updated vaccination plans and immunise children is also a top priority.

REFERENCE

1300 TRANSFER OF OUTPATIENT PAEDIATRIC PRESCRIPTIONS TO PRIMARY CARE VIA THE ELECTRONIC PRESCRIPTION SERVICE (EPS)- COMMUNITY PHARMACIST VIEWS
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Aims • Capture community pharmacists’ views regarding the practicalities of dispensing EPS paediatric prescriptions
• Identify any gaps in specialist paediatric knowledge and training needs required to implement the service fully
• Determine the most feasible methods for efficient and effective service delivery

Methods University ethical approval was granted (PBS/2021-22/05). An online questionnaire was generated using JISC online survey platform to meet the research aims. The local pharmaceutical committees (LPCs) served as gatekeepers for participant recruitment and circulation of study documentation (participant information sheet and survey link). Pharmacists working within the LPC catchment only were deemed eligible for inclusion. Participants were recruited and questionnaires completed in November 2021. Data was analysed using SPSS statistical package V26. Likert responses were coded 1-5 (uncomfortable-very comfortable) and thematic analysis used for free-text responses.

Results Overall, n= 27 community pharmacists responded of which 14.8% (n=4) were registered independent prescribers. Respondents expressed concerns regarding minimal specialist paediatric training (n= 24, 89%), had no prior specialist paediatric medicine experience). Pharmacists referred to the necessity for additional training and a supporting toolkit prior to service implementation. Although comfortable clinically checking outpatient EPS prescriptions for adults, (n=12, 44.4%) declared discomfort doing this for paediatrics but suggested pre-clinical screening by specialist paediatric pharmacists as safety-netting. Thematic analysis indicated that pharmacists recognised the need for additional information including patient’s weight, blood results where relevant, indication for use and other medication prescribed in order to perform a complete clinical check. Concerns regarding lack of available formulations and stock were highlighted as barriers to supply. An existing technological platform used in community pharmacy, PharmOutcomes, was deemed suitable for effective and efficient service delivery. In line with other community pharmacy services, pharmacists were on board with remuneration as a reward for offering the service.

Conclusion There is a desire for such a prescription transfer process to work but it is essential that this improves the efficiency of the existing service. Pharmacists recognise the benefits of EPS transfer for patients and their carers but in order to facilitate its implementation safely and effectively at a community pharmacy level further paediatric training is required. There is a need for future work to explore this further and capture other key stakeholder views including general practitioners and hospital outpatient teams.
Methods Over a 3-year period, three events were organised by Paediatric trainees: the initial event was face-to-face, and the following two years were virtual events due to the COVID-19 pandemic. The day long programme involved sessions covering a range of topics including: an introduction to Paediatric training in Yorkshire; a 'Job Idol' competition which allowed us to showcase the many sub-specialties in Paediatrics; what the application and interview involves; and finally, a session on other opportunities in Paediatric training, such as leadership projects and working abroad. Feedback was collected from each event.

Results Over the course of our three events, 100 people attended, with the majority being Foundation Doctors. The majority of attendees gave feedback that they had found the day useful, had gained something out of it, and were feeling certain or quite certain about applying for Paediatrics. People stated that the day had been ‘inspiring’ and ‘motivational’ and was a ‘good showcase of future paediatric colleagues’.

Application numbers to Paediatrics for 2022, although not formally released at the time of writing, were up from previous years.

Conclusion In order to ensure the safe and efficient care of children in the future, we need to invest in encouraging recruitment to Paediatrics. There is clearly a demand amongst potential applicants to find out more about the specialty, and an existing workforce who are passionate to share their experiences of working in order to encourage others to apply.

Regular events such as those we have carried out in Yorkshire and Humber provide a platform to do just this.

REFERENCE

Aims To ascertain whether instant messaging can be used to safely deliver care to a cohort of paediatric patients

To examine the limitation of the service
To show how service delivery can look in the future

Methods A proprietary mobile phone application, Juno, was developed by a healthtech startup, Pando to act as a pilot. Senior paediatric registrars and consultants were recruited and trained on how to operate the platform. The service was made available to the public via the AppStore for them to download to their own mobile devices, where they would be able to directly message a clinician rostered to help with queries that day. The clinician was able to review images and videos sent by the user.

The service was able to offer advice and guidance only. If prescribed medication or a face-to-face review was required, then the user would be signposted to the most appropriate location for their presentation (ie primary or secondary care). Users were prospectively surveyed as to what action they would have taken had Juno been unavailable.

Data from this service was constantly analysed to iterate the service and develop exclusion criteria for safety. The pilot was concluded after 15 months.

Results Over the course of the pilot, 5,579 unique users signed up to utilise the service. 4,058 chats were held by clinicians from 1,776 users (31% of unique users).

In 72% of these cases, this was the first presentation to healthcare. 20% of chats related to a child up to 3 months old, and a further 45% between 3 months and 1 year. The most common reasons for seeking advice related to viral illnesses (23%), general advice (12%) eczema (10%), feeding queries (6%) and reflux (4%).

In 67% of cases, the user only required reassurance and appropriate advice. 16% of cases required referral to a GP, mainly for prescriptions. 8% of cases were referred acutely to secondary care, usually as a result of the limitations of the platform in dealing with acutely unwell children.

In 84% of cases, the care provided reduced the level of healthcare interaction the family would have otherwise generated. In 54% of cases, a GP appointment was saved, and an ED attendance in 6%. In 14% of cases, a call to NHS111 was avoided which generally resulted in further healthcare attendances elsewhere as the service was not staffed by paediatricians at the time.

Users gave the service a 96% approval rating with excellent qualitative feedback. The service had an excellent safety profile, with 7 cases requiring deeper review and no serious incidents.

Conclusion Juno proved that for many children, safe and effective care can be provided via an instant messaging service. The pilot showed that families appreciated the speed and convenience of the service, and that the service has the capability to significantly reduce burden in Primary and Secondary Care, thus freeing up resources where it can be better utilised. Further work is underway in another pilot to look at whether a limited prescribing can improve these results further.

SOFTWARE

JUNO: PAEDIATRIC CARE VIA INSTANT MESSAGING – A PILOT

Richard Daniels, Lydia Yarlott, Sharryn Gardner. Pando

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