Aims To explore the current and potential role for UK pharmacists in the transition to adult services (TAS) for young people with chronic health problems.

Methods UK hospital pharmacists were surveyed using an online questionnaire with closed and open questions covering their involvement in a transition programme, demographics and scope of work, experiences of TAS and the barriers encountered in providing an effective transition service.

Results Overall, 74 pharmacists completed the questionnaire. Most were female (70% [52/74]), had ≥6 years of experience (62% [46/74]), were paediatric pharmacists (74% [55/74]) and were based in a teaching hospital practice setting (70% [52/74]). Many participants (57% [42/74]) had a transition programme in place in their hospital; of these, 55% (23/42) were not a part of the service. Respondents identified unique skills that pharmacists could contribute to the transition service, including knowledge of medications (including formulations and unlicensed medications), awareness of medication services beyond paediatrics, commissioning of medications and familiarity with adult services. Most commonly identified barriers to transition included ‘time constraints’, ‘pharmacists not involved as part of the wider multi-disciplinary team’, ‘lack of engagement between different services’. Pharmacists noted that their ideal transition service would include specific medication related transition, e.g., adherence, counselling, and supply of medications.

Conclusion These findings support the role of hospital pharmacists as crucial members of the multidisciplinary team required for TAS. The skills and knowledge of the hospital pharmacist is under-utilised within the transition service, yet pharmacists are motivated and uniquely skilled healthcare professionals who have the potential to improve medicines transition.

315 WHAT PAEDIATRIC INPATIENT SERVICES PROVIDE FOR ADOLESCENTS: A SERVICE EVALUATION OF ACUTE NHS TRUSTS IN ENGLAND

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Aims The 2019 National Health Service (NHS) England Long Term Plan pledges to improve provision of age appropriate care for young people, and move towards service models which include 0-25 year olds. This proposal recognises the complex and diverse developmental and psychosocial needs of adolescents and young people (AYP), and the adverse consequences of a poor transition between child and adult services on health and well-being. It builds on the 2004 Department of Health guidance that hospital-based care should be provided in a location and environment that is ‘well-suited to the age and stage of development’ of children and young people.

Yet there are few published data exploring how this earlier guidance has been interpreted by trusts, and what the current admission policies for young people admitted to acute NHS Trusts in England are in terms of age and stage of development.

This national service evaluation aimed to determine where adolescents who are admitted as inpatients to NHS England hospitals receive their care, and to establish what resources are available for them.
Methods A multiple-choice questionnaire was distributed by email to the paediatric clinical leads of all 155 NHS England hospitals identified as having paediatric inpatient departments. Responding to the questionnaire was voluntary. The questionnaire included questions about age-related admission policies, care environment, and provision of adolescent specific facilities, services and staffing. Data were analysed using descriptive statistics in Microsoft Excel.

Results Questionnaire responses were received from 115/155 paediatric departments (74% response rate). All had either a formal (n=102) or informal (n=13) policy of admitting patients to paediatric wards based on age. Most (n=63, 55%) only admitted young people under 16 years of age to a paediatric setting (table 1). 22% (n=25) of paediatric units who completed the survey had a designated inpatient ward or bay for adolescents. The most common adolescent specific staff group the paediatric departments employed for AYP to access support from as inpatients was a Child and Adolescent Mental Health Services (CAMHS) liaison nurse (n=48, 42%) (figure 1). There was no inpatient transition policy for young people in 57 (50%) of the responding paediatric departments.

Conclusion There is substantial variability in the services provided to young people admitted to NHS hospitals in England. In the majority of trusts completing the survey, most young people only receive inpatient care within paediatric services until their 16th birthday. There is little evidence that ‘developmental stage’ factors into decisions regarding location and environment for inpatient care for young people. There is inconsistent availability of adolescent specific inpatient facilities and services in paediatric departments nationally. These findings suggest a failure of many NHS trusts to act upon nationally established guidance and expectations for good practice in AYP care. Understanding the reasons for this and how they should be addressed should be a priority to meet the goals of The NHS Long Term Plan, and effect change to improve the inpatient care received by young people in England.

Abstract 315 Table 1 Inpatient upper cut-off age criterion used by NHS England paediatric departments

<table>
<thead>
<tr>
<th>Upper cut-off age criterion used</th>
<th>Number of paediatric departments, n (%)</th>
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<tbody>
<tr>
<td>&lt;16 years</td>
<td>63 (54)</td>
</tr>
<tr>
<td>&gt;16 years</td>
<td>22 (18)</td>
</tr>
<tr>
<td>&gt;17 years</td>
<td>12 (10)</td>
</tr>
<tr>
<td>&gt;18 years</td>
<td>35 (29)</td>
</tr>
<tr>
<td>&gt;19 years</td>
<td>4 (3)</td>
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<tr>
<td>&gt;20 years</td>
<td>3 (3)</td>
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</tbody>
</table>

Abstract 315 Figure 1 Upset plot showing the number and frequency of individual and combination of different staff groups (consultant with a special interest in adolescent medicine; nurse with a special interest in adolescent medicine; youth worker [YW]; psychologist; and CAMHS liaison nurse) employed by paediatric departments. The bottom left horizontal bars represent the overall numbers of each staff group; and the vertical bars represent the frequency of different combination sets (intersection) of the staff groups. The intersection that corresponds to a vertical bar is represented by the vertical black line with filled blacked circles under the bar representing the staff groups in that intersection

REFERENCES

Aims Unaccompanied asylum-seeking children (UASC) are a vulnerable group who experience lot of physical and mental health difficulties during their journey. In the UK, it is statutory for all UASC to have Initial Health Assessment (IHA).

NICE recommends screening for specific high-risk groups in the UK. These groups include: close contacts of patients with TB (Tuberculosis), healthcare workers, immunosuppressed patients (for example those with HIV) and migrants from countries where TB is common.

Some of UASC come from countries with high incidence of TB infection. It is important to ensure that children at high risk of TB are identified and screened to avoid potential public health consequences. The effect of the pandemic on USAC is not fully understood.

It is important to ensure that children at high risk of TB are identified and screened to avoid potential public health consequences. The effect of the pandemic on USAC is not fully understood.

An audit was completed in a big paediatric setting at a children’s hospital in the United Kingdom exploring the local TB screening uptake pre-pandemic (prior to 2020) and mid-pandemic (2020-2021). The audit compared practice of the local USAC clinic with the national guidelines on migrant health guidance. The pattern of USAC pre-pandemic and mid-pandemic were compared.

Methods Details of the USAC children were retrieved from the ‘Looked after Children’ database in the hospital. Following the initial health assessment, the USAC who were deemed to be at increased risk of TB were referred to the asylum-seeking service for the screening and subsequent referrals to the chest clinic. The risk factors were guided by the country of origin, their symptoms and the BCG immunisation status.