Results 33 USAC were seen for initial health assessment over 2 years period.

The demographic characteristics and country of origin were similar prior to and after March 2020.

18 UASC were seen in 12-month period prior to March 2020. 77.7% of these qualified for TB screening.

15 USAC were seen in the 12-month period after March 2020. 73.3% of these qualified for TB screening.

Of the 33 USAC, 25 met the criteria for TB screening and were therefore referred to the asylum-seeking team for the screen. 15/25 (60%) received the screening. None of these 15 children were diagnosed with active TB but 3 (16.6%) were diagnosed and treated for latent TB. Each of 10 young people who missed the screening were identified and advised to be followed through. The missed screening was mainly due to non-clinic attendance or young person’s move out of the area.

Conclusion In this audit, the number of UASC and the proportion of them that required TB screening did not change during the pandemic. TB screening identified a significant number of cases of latent TB but no active TB. A few of young people missed their TB screening which has potentially serious consequences if they were infected. Joint working groups with the local authority established and UASC pathway streamlined to avoid similar situations in future.

Aims The global pandemic stripped away time critical career experiences for a lot of young people.

We aimed to minimise the losses to future careers and create a convenient platform that explores NHS job options for young people (YP). The aim was for this to be a project created and realised entirely by YP.

Methods YPAGne’s initial idea was to create a podcast. Brainstorming quickly established YPs desire for audio as well as visual content. They wanted to pick their own speakers and create this themselves, rather than listen to a lecture. Thus, a live broadcast with an interactive element emerged.

Starting with a logo competition (fig. 1) and then a pilot interview to establish technical issues, our YPAGne group produced interviews of NHS workers for monthly episodes of ‘Nattering with the NHS’.

Each episode, a YP volunteers as ‘MC’ to keep to time and introduce our podcast topic. Questions are pre-planned by YP but on the day, conversation allows off script moments. YPAGne members allocate roles so that social media platforms inc. Instagram, Twitter and Facebook have live updates during the podcast (fig. 2). Hashtags were created and thus a space for followers to contribute to a Q&A after the interview, with questions fielded by YPAGne members in real time.

Technology includes zoom for recording and a youtube channel for posting the finished episode (fig.3 and 4). A WhatsApp technical issues chat runs alongside the podcast for YP to problem solve on the spot. YPAG facilitators created a novel social media policy for information governance reasons which encompassed all platforms utilised.

Advising was via YP disseminating links through their schools social media platforms.

Results So far, YPAGne have chosen to interview:
- A research nurse
- A paediatric consultant
- An intercalating medical student
- 2 clinical psychologists (renal and cleft lip teams)
- Coming up! a junior doctor and a physio

Feedback from YPAGne was excellent (fig.5) ‘I am the twitter manager …it was an amazing feeling knowing that I could help engage the viewers and help to answer any of the burning questions that they may have thought of. In addition, I found it very informative for myself as I was able to slip some of my own questions in during the podcasts I was present for.’
Conclusion An incredible feat has been achieved by our YP with very minimal input from facilitators. Technology has assisted in this becoming successful and feedback was unanimously positive. The process of managing this was work experience in itself and the finished products not only a lasting testimony to YPAG’s skill but has produced re-watchable content to benefit future generations.

We are hoping to expand our project nationally to initially mentor and then collaborate with other YPAG’s; current discussions are ongoing with GOSH. We will be live, together, very soon. Watch this space!

468 YOUNG PEOPLE IMPROVING OUR SERVICE: CO-DESIGNING RESOURCES WITH YOUNG PEOPLE TO IMPROVE WRITTEN RESOURCES AND STAFF TRAINING FOR THE PAEDIATRIC OBESITY TOOLKIT

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Aims The Obesity Toolkit was developed to help staff make Every Contact Count1 and improve opportunistic diagnosis of obesity during Paediatric Emergency Department attendances. However, diagnosis alone is insufficient - professionals need to communicate this diagnosis in a manner which supports behavioural change.

Initial focus groups identified the main barrier for professionals was fear around communicating about obesity in a sufficiently sensitive way. This requires both accessible written resources for children and young people (CYP), and targeted communication training for staff.

Obesity is an emotive area, and the Toolkit developers recognise that providing information is only useful if it is engaged with by the target audience. Thus, we aimed to include CYP voices to ensure their language, ideas and styles were being incorporated.

Methods We developed written patient leaflets incorporating ideas generated and feedback given by focus groups with CYP involved in our Trust’s Youth Empowerment Squad (YES). Communication skills teaching included YES feedback about preferred language. Educational role-play scenario videos have been filmed with a CYP taking on the role of patient.

Results The leaflet for 11-18 year olds has undergone numerous revisions based on feedback from YES. Notably, we removed the majority of text to make it less ‘wordy’ and ‘medical’ and included tips on how to achieve successful behavioural change. An illustrator captured the CYP’s thoughts in bright, engaging illustrations which have been used to create a colourful leaflet. The result is much more fun and accessible than earlier drafts.

Learning from YES also helped us explore language which is more acceptable to CYP - such as focusing on healthy living over the concept of obesity itself, and explaining what is meant by BMI. The CYP gave pragmatic insights to improve comfort such as not weighing in public spaces and not reading their weight aloud.

Our role-play videos are used in training to give examples of obesity discussions with CYP. These were semi-scripted to allow the Young Person to incorporate her own voice and provide her insight into how she or her peers might react to the conversation.

Conclusion 25.5% of children now leave primary school obese. It is vital that professionals diagnose and communicate about obesity whenever an opportunity arises. However, the cultural and emotional implications of the topic can lead to discussions which are not productive, or even actively harmful. The developers of the Obesity Toolkit are working to navigate this by including and learning from the voices of CYP in our patient-facing written resources and our professional education program.

Including the voice of CYP in development has elevated the Toolkit’s quality and efficacy and we look forward to ongoing collaboration with YES to continue to optimise the experience for CYP. We are currently working on similar resources with 7-11 year olds from a local school. We are delighted to share our Toolkit by keeping it free and Open Access for interested departments.

REFERENCES

493 ‘OUT INTO THE BIG WIDE WORLD...’ – IMPROVING DISCUSSIONS AROUND TRANSITION WITHIN A COMMUNITY PAEDIATRIC SERVICE

Ayaz Vantra. ST8 GRID CCH Paediatric Trainee, University Hospitals of North Midlands NHS Trust, Stoke-on-Trent

Aims Work was based in a Community Paediatric department in a busy city in the UK. We look after children and young people (up to the age of 18 years) with neurodevelopmental disorders and complex disabilities.

The focus of my work, was looking at transition of our young people (aged 14 years and above) to adult services, in particular, to increase the number of discussion around transition in young people with complex health needs.

Methods Use of high level process mapping, as well as fishbone diagrams, highlighted key steps in the process, and what the potential barriers for effective transition are. These highlighted, a need for a culture change towards transition, and the need to plan the process rather than thinking about it as a one off event. Steps were needed to encourage willingness of the team to initiate what is perceived to be a difficult discussion also.

A histogram assessing the number of times ‘transition’ was mentioned in our clinic letters over a 10 week period was also created. This showed, we as a team only mentioned it with 2/23 potential young people (8.7%) This small QI project was undertaken within a 6 month period. Most of the work was undertaken within the placement that I am currently undertaking. I undertook the project as part of a blended learning programme working virtually and via an online social platform. I involved parents and children early on, relying on their feedback to refine leaflets and questionnaires.

I used the successful Southampton ‘Ready, Steady, Go’ programme as a base for creating a simpler and more locally relevant questionnaire, to use as an aide in clinic to start having discussions. Following feedback from families, a useful leaflet explaining the importance of transition, as well as useful resources.