**Aims**

Cerebral palsy is the commonest cause of physical disability in children. There are approximately 60 children diagnosed with cerebral palsy each year in Northern Ireland. Children with complex needs will encounter many healthcare professionals throughout their lifetime and there has been much interest in healthcare use and how to improve transition services for these children. Despite this, it remains difficult. This study aimed to ascertain the specific services required at transition for young people with Cerebral palsy within our Health and Social Care Trust.

1. Northern Ireland Cerebral Palsy Register. Available from: https://www.qub.ac.uk/research-centres/NorthernIrelandCerebralPalsyRegister/Activities/


**Methods**

The Northern Ireland Cerebral Palsy Register held at the Queen's University Belfast identified patients with a known diagnosis of cerebral palsy aged 14 years in 2020 (birth year 2006) residing within our trust. A lead Consultant was identified for the patients and permission sought to access data. Information on services currently accessed by each patient and data was extracted using information available on the Trust Community Paediatrics database, medical notes and the Northern Ireland Electronic Care Record.

**Results**

11 patients were identified. 5 patients excluded (2 RIP, 2 had moved trust and 1 had received an alternative diagnosis). 6 patients met inclusion criteria. 33% female, 50% male and 17% transgender. GMFCS Levels were 1 (33%) 2 (33%) and 5 (17%) and unknown (17%).

In relation to health care services 100% were linked with a Community Paediatrician. The most common other service accessed was orthopaedics followed by Neurology, ENT, Endocrine, Cardiology and Neurodisability. Common co-morbidities included sleep and behavioural difficulties, visual and communication problems. 33% were receiving medication prescribed via secondary care (50% Sleep medication).

**Conclusion**

Most patients at transition have GMFCS levels 1-2 and commonly require orthopaedic input.

High proportion of patients have co-morbid neurological, ENT, visual, behavioural and sleep issues requiring secondary care interventions. Many require help from the multidisciplinary team including physiotherapy (83%), speech and language (17%) and occupational therapy (50%). It is common practice in our trust for children with Cerebral palsy to be managed by a Community Paediatrician who can co-ordinate their care. Children are often linked in with multiple paediatric services but at transition the co-ordinating care becomes the responsibility of the GP. The significant pressures and shorter appointments within General Practice, along with long waiting lists in the adult sector can make transition a slow and stressful process. It is important to understand the needs of our young people at transition to plan and improve service provision.

**Aims**

The aim of this project was to enable paediatric registrars to develop their competencies in delivering health promotion and achieving communication skills with children through workshops that focussed on a health topic identified by teachers to support the school health curriculum. Workshops were delivered within a school setting to put the child/doctor encounter outside of a healthcare setting and into an educational environment where the children felt familiar and able to participate.

**Methods**

Paediatric Registrars liaised with local school teachers to identify an area of health promotion which would be of benefit to children. A workshop was planned around the theme of ‘stress’. The 49 children participating in the workshop completed a pre-course questionnaire with open questions to identify their perception and self-management of ‘stress’. A workshop was then designed to engage with children by using a child friendly story of a local football star as a child who was feeling stressed. The workshop was delivered by registrars, supported by teachers and involved child participation, group working and a meditation session to equip children to identify and manage their stress within their own lives. A post-course questionnaire was filled out by the students and results were then analysed. Registrars were asked to feedback about their experiences.

**Results**

49 children completed the pre-workshop questionnaire. 19 children completed the post-workshop questionnaire. Pre-course, 92% of children surveyed were able to describe stress and 74% were able to identify that they had felt stressed in the last year. Following the workshop, 86% of children surveyed reported they liked the workshop and 71% were able to identify learning points from the session. Examples of the feedback from the children included ‘I learnt the difference between good stress and bad stress’, ‘I learnt that superstars can have stress’, ‘I learnt it is important to talk to someone when you are worried’ and ‘I liked that they (doctors) listened to us’. The registrars who participated felt they were able to evidence their RCPCH Progress Curriculum competencies in health promotion and communication skills with children. Their feedback included ‘When the children found out I was a doctor in the hospital they became so excited- I think having a workshop with a doctor helped draw their attention’ and ‘I felt able to approach the children about important issues affecting them, which I would never be able to explore in a busy A&E’.

**Conclusion**

Registrars were able to evidence their competencies in Health Promotion and communications skills within the RCPCH Level 2/3 curriculum through school workshops. Furthermore, feedback from teachers and students demonstrated...