

Challenges of appropriate referral of Blood Borne Infection (BBI) screening and follow-up amongst Looked after Children

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Abstract

Aim: In UK, looked after children (LAC), (Children Act 1989) are defined as children who are accommodated by a local authority, for a continuous period of more than 24 hours or are subject to a care order or a placement order. In 2018, there were 75,420 looked after children in England, which is steadily rising and is up by 4% from 2017. Blood-borne infection (BBI) are caused mostly by viruses that some people carry in their blood and can be spread from one person to other. In our specialist community service we run 2-3 specialist LAC clinics per week in 3 different locations.

Method: This specific cohort of children were seen for review and initial health assessment in our specialist LAC clinics. Our aim was to assess the challenges of our service provision for appropriateness of referral for BBI screening and follow-up through a service evaluation project. We collected the data retrospectively for the period of February 2019 to March 2019 of successive patients using electronic patient records.

Result: During the period we assessed 74 children in our specialist LAC clinic. Out of those 74 children 24 children seen by us (32 %) were placed out of county, whilst 13 children (17%) from other authorities placed in the county, whereas 9 (12 %) children came into and out of our care within these 2 months. Both health assessment done as LAC and stayed with us for follow-up of BBI screening were 28 children (37%). A risk assessment was carried out based on our best practice guidance which encompasses family health history and current health history. Amongst all 41 children (including placed from other counties) 6 children (14%) were referred for BBI screen and follow up.

Conclusion: High propensity to migrate between counties within quick succession, unavailability of antenatal screening result and clear pathway for obtaining and documenting consent alongside passing on result are found to be real challenges for appropriate referral for BBI screening and follow-up. If parental health forms are being completed as soon as practicable it would be beneficial, but we acknowledge that there are challenges for social care in getting those completed.