Discussion/Results: A record of all relevant patients was obtained (defined as May 2020). Derangements in blood results (neutropenia, lymphopenia, neutropaenia and thrombocytopaenia) were not detected. Lower frequency of monitoring reduced post change and clinically significant neutropaenia and thrombocytopaenia were not detected. Lower frequency of monitoring benefits of 6 monthly monitoring outweigh any potential risks and we do not appear to have had a negative impact on patient safety. It also not recorded. Nonetheless, changing to 6 monthly monitoring and frequency of administration of adalimumab and etanercept were limitations that impede drawing definite conclusions. For instance, other potential causes of LFT derangements were not recorded. Dose was not included. Adherence to suggested blood monitoring frequencies was compared. Adherence to suggested blood monitoring frequencies was evaluated pre and post change. It was deemed acceptable by the rheumatology team to be up to 1 month late for blood monitoring.

Key learning points/Conclusion: Patients who had experienced clinically significant derangements pre change, did not show any post change. Patients results in an increase detection of mild blood derangements. Of the derangements that occurred post change, only 6.5% (3/46) were clinically significant and were observed in one patient. It does not appear to have had a negative impact on patient safety. It also not recorded. Nonetheless, changing to 6 monthly monitoring and frequency of administration of adalimumab and etanercept were limitations that impede drawing definite conclusions. For instance, other potential causes of LFT derangements were not recorded. Dose was not included. Adherence to suggested blood monitoring frequencies was compared. Adherence to suggested blood monitoring frequencies was evaluated pre and post change. It was deemed acceptable by the rheumatology team to be up to 1 month late for blood monitoring.

Key learning points/Conclusion: Despite the COVID pandemic restrictions, all young people and families had a positive experience during their day care treatments. Effective communication and engaging the patients and families, and providing appropriate explanations to any delays in treatment is vital. The overall experience has provided an opportunity to reflect on the systems to manage the day care treatments, which we presume has been the case in many centres. Allied health professionals like play therapists and youth teams provide immense support to the young people who are attending day care for regular treatments. Provision of these services to all young people if appropriate will enable positive experiences to the patients. Limitation of this survey was a small sample size with the response rate of only 23%. Further survey over an extended period may provide more insight in this area.