2. The advice from peers, EQIP team and RCPCH&Us was useful in reforming the feedback questions.

3. The tests of change broke down the steps in easily manageable steps and the driver diagram created a visual representation of task.

4. The improved teamwork and bonding within the team improved the ability to respond to the challenge posed by Covid19 and the epilepsy care was able to continue without any significant impact

5. The platform thus created helped other innovative ideas to flourish to improve care. For example the Team created a WhatsApp video service for families to send videos to, so that prompt review and advice can be given.

Some of the feedback results include.

Questions	Results		
Would you be willing to take part in a feedback project	100% agree		
Preferred Clinic times	Morning 72%	Afternoon 8%	Evening 16%
Current appointment duration	Too long 16%	Too short 34%	Just right 50%
What alternative consultations format would you like? (Before Covid19)	Video consultation 15%	Telephone 67%	Both 16%
Themes families wanted to discuss in clinic	Most common themes included Seizures, Medication, Education and Mental Health		

Qualitative feedback will be detailed in the poster

Conclusions Using formal QI tools and support mechanisms greatly improve the success of QI initiatives with improved outcomes for patients.

British Association of Child and Adolescent Public Health

1159

IMPROVING UPTAKE OF HEALTHY START VOUCHERS DURING THE COVID-19 PANDEMIC

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Background Healthy Start Vouchers are a UK government scheme to improve the nutritional health of pregnant women, mothers and children from families with low incomes. Healthy Start provides vouchers that can be exchanged for fruit, vegetables and milk. They are accepted in all major supermarkets but variably in smaller independent food shops. Local uptake of Healthy Start Vouchers is low, having decreased from 67% of eligible families in January 2017, to 56% in January 2020.

In our inner-city borough, there are widespread health inequalities. Children in the east of the borough are more likely to be affected by income deprivation, to be overweight and have lower levels of attainment. Children in the east are also less likely to have access to healthy food. Due to the

COVID-19 pandemic in March 2020, many more families were expected to see a drop in income and begin receiving universal credit.

Objectives This project began in March 2020, aiming to increase the uptake of Healthy Start Vouchers by eligible families, and to increase the number of retailers accepting the vouchers, by targeting areas of deprivation and independent retailers which target specific ethnic groups (as these represent a large proportion of the local community).

Methods To increase the number of eligible families in the borough applying for Healthy Start Vouchers, we:

- Created adverts promoting Healthy Start on the borough's Facebook and Twitter pages
- Created a page about Healthy Start Vouchers on the borough's website and an information leaflet for families
- Created promotional posters to display on digital advertising boards
- Organised a webinar for professionals who have contact with families (e.g. health visitors, social workers, the local connected communities programme, etc) about local health inequalities and provided information on how to promote Healthy Start Vouchers to families they have contact with.

To increase the number of retailers accepting Healthy Start Vouchers, we targeted local retailers who were eligible to accept Healthy Start Vouchers but not yet registered with the scheme, providing information on the benefits of joining the scheme.

Results 53 delegates registered for the webinar. Feedback showed 88% of attendees felt the session increased their understanding of local health inequalities and 84% felt it increased their knowledge about Healthy Start Vouchers.

Data from the Healthy Start website shows that, from January 2020 to January 2021, the number of families receiving Healthy Start Vouchers increased from 1244 to 1521 (22%), and the families eligible for vouchers increased from 2234 to 3109 (39%). Therefore the uptake of Healthy Start Vouchers decreased from 56% to 49%.

32 local retailers were contacted, 13 responded, 3 expressed an interest in registering to accept Healthy Start Vouchers.

Conclusions It is encouraging that more local families have registered to receive Healthy Start Vouchers, but unfortunately during the COVID-19 pandemic, the number of families eligible to receive vouchers has risen at a faster rate. Further work is required both to better publicise the Healthy Start scheme to eligible local families, and to determine the extent which this project's interventions contributed to additional families registering to receive the vouchers.

Quality Improvement and Patient Safety

1160

USING QUALITY IMPROVEMENT (QI) TO IMPROVE VIDEO CONSULTATIONS IN COMMUNITY PAEDIATRICS DURING THE COVID-19 PANDEMIC

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