15th January 2021. This included doctors, medical students and physician associates. Given the size of the seminar room, the infection control team recommends that the total number of people in the room should not exceed 15 at any given time.

Results The recommended total number of people was exceeded on 25 discrete days (54.3%) in that period time. Moreover, chairs spaced 2m apart to ensure safe distancing were moved closer by the healthcare professionals on a daily basis. This increases the risk of spread amongst the staff. After communicating the results with all the stakeholders and staff at UHL Children's hospital, some positive changes were noticed.

Display of the poster within the seminar room and on the entrance door to the seminar room, marking the distance on the floor, communicating the results with staff and regular reminder about the need of adherence to PHE guidance helped the practice of social distancing. Since implementing this change, total number of people reduced to 9 on an average with maximum of 11 over 2 weeks period.

Conclusions Social distancing measures should be better adhered to reduce the risk of person to person transmission in a hospital setting. Participants were advised to limit the number of staff to one to two each from every ward to help minimise the number of attendees in the seminar room. Staff are being encouraged to leave after handing over jobs from their specific wards. Strict adherence to guidance with regular reminders during handovers about its implementation and reviewing PDSA cycles are key to sustain this improvement.

British Association for Community Child Health

1176

OUTPATIENT CLINICS – WHAT DO FAMILIES VALUE?

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Background Gloucestershire Hospitals NHS Foundation Trust Community Paediatrics service has reviewed the patient experience of outpatient clinics to guide the remodelling of this service. The department comprises eight consultants across two sites, serving a population of 630,000. The NHS Long Term Plan aims to reduce face-to-face appointments by one third through embracing technology. The COVID-19 pandemic has accelerated the introduction of remote clinics via telephone or video appointments in this division. Having never been routinely used, this represented a significant change in practice. Data was required regarding the aspects of the outpatient environment valued by families, to plan the organisation of future services.

Objectives To understand the patient experience of using central hospital and peripheral community clinics, and remote clinics to direct development of the service.

Methods Community paediatric patients and families were invited to complete a survey examining preferences on location, facilities, virtual vs face-to-face appointments and MDT working.

Results 1990 surveys were distributed and 265 were completed, representing a 13% return. 87% of respondents stated their child had ADHD or Autism, or a learning disability.

Appointment preferences 58% of respondents reported that proximity to home was the most important factor in determining clinic location of choice; time out of school to attend appointments was frequently mentioned. Parking and appointments at the same site as other facilities such as radiology and blood testing was mentioned in 43% and 27% of answers respectively. 20% of wheelchair users reference accessibility in addition to the factors above.

Virtual Appointments 70% of those who had attended a video appointment stated they were happy for appointments to be run in this way, compared to 39% of those who had not. 55% of those who had attended a telephone appointment stated they were happy about appointments being run in this format, compared to 40% of those who had not.

Patient reported advantages of virtual appointments included convenience and reduced travel time. A lack of physical examination, technical problems and a reduction in child engagement in the appointment were concerns mentioned by respondents.

MDT working 80% of respondents had not attended a multi-disciplinary clinic. 87% of those who had attended reported it to be helpful.

Conclusions The majority of respondents identified their child as having ADHD or autism, or learning difficulties. The NHS Long Term Plan and RCPCH State of Child Health Reports highlight the need for greater focus on the needs of these young people.

Proximity to home and parking remain the most important factors in determining preferred clinic location. The number of patients who were happy to have video appointments was higher in those who had experienced these already, suggesting they were more successful than expected. A smaller difference was seen for telephone appointments. MDT working was popular amongst those who had experienced this.

Both remote appointments and MDT working are modalities of consultation that should be considered when developing the Community Paediatrics service, using models of working that are closer to that outlined in the NHS Long Term Plan.

Quality Improvement and Patient Safety

1178

APPLICATION OF NICE BRONCHIOLITIS FLUID THRESHOLDS TO INFANTS ADMITTED WITH ACUTE BRONCHIOLITIS

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Background Feeding support is the most common reason for bronchiolitis hospital admission. NICE bronchiolitis guidelines recommend an assessment of hydration status (including >12 hours since last wet nappy) and feed volume thresholds (<50% or <75%), taking into account risk factors (prematurity, congenital heart disease, < 3 months of age). There are no data to support these recommendations.