We have been able to reach an outcome for fifty- three children in the BOSA clinic of which forty-seven fulfilled criteria for a diagnosis of Autism Spectrum Disorder. Surveys from patients indicated that eighty percent agreed with the professionals' outcome.

Conclusions Our ASD tool-kit and revised pathway have resulted in more prudent healthcare, reducing the number of assessments and footfall to the hospital sites. We have reduced variation and inequity. We have increased coproduction with parents by utilising telehealth and coaching parents. We have achieved increased patient satisfaction and improved our patients' experience and outcomes.

British Paediatric Allergy Immunity and Infection Group

1214 CONGENITAL SYPHILIS IN ENGLAND- IS IT ON THE RISE?

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Background Public Health England's (PHE) Syphilis Action Plan was launched in 2019 to address the recent increase in the number of infectious syphilis diagnoses including cases of congenital syphilis (CS). As part of the maternity strand of the Action Plan, the PHE Infectious Diseases in Pregnancy Screening (IDPS) programme's Integrated Screening Outcomes Surveillance Service (ISOSS) are conducting enhanced data collection of all cases of CS seen in England since 2015 (when previous surveillance ceased).

Objectives To describe the current picture of congenital syphilis in England using population-level data.

Methods ISOSS is part of PHE's IDPS programme and conducts UK population-level surveillance of the screened-for infections in pregnancy (HIV, syphilis and hepatitis B) and congenital rubella. ISOSS builds on the established National Surveillance of HIV in Pregnancy and Childhood (running for >30 years). Confirmed/suspected CS cases diagnosed since 2015 are reported to ISOSS. Enhanced data collection, commenced in 2019, is conducted for any England-born children following the established process for HIV vertical transmissions. ISOSS interview all clinicians involved in the care of the mother and baby during and after pregnancy. A Clinical Expert Review Panel (CERP) of relevant clinical specialists is convened to establish circumstances surrounding transmissions, any contributing factors and identify learning to inform national guidelines and policy. In addition, data on all pregnancies to women who screen positive for syphilis and their infants has been reported to ISOSS from 2020.

Results 24 cases of CS have been reported to ISOSS and are currently part of the enhanced data collection. Year of birth ranged from 2015–2020 and cases were reported from London (5), North (10), South (7), Midlands and East of England (2). The majority of infants were born to white, UK-born women and median age of mothers at delivery was 22 years (IQR: 21, 25). Early findings show that around a third of mothers screened negative in pregnancy, becoming infected with syphilis before delivery; other factors arising included late booking and missed or delayed referral and/or treatment during pregnancy or after the birth.

Conclusions ISOSS provides the only population-level data collection on CS in England. Findings to date, including a number of seroconversions, demonstrate the importance of ongoing monitoring and surveillance of CS. The CERP of the 24 cases will identify themes and make recommendations to inform screening policies and clinical guidelines for the IDPS programme, PHE Sexually Transmitted Infections team and BASHH. The recently launched maternity syphilis surveillance will provide robust insights and contexts including a national vertical transmission rate and the impact of COVID-19 to contribute to the wider strategy for the PHE's Syphilis Action Plan maternity strand project.

British Society of Paediatric Endocrinology and Diabetes

1215 AUDIT OF ADMISSION TO PHOENIX WARD OF CHILDREN AND YOUNG PEOPLE WITH DIABETIC KETOACIDOSIS

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Background The DKA guideline has been recently updated by the BSPED; changes have been made to the guideline since it was last updated in August 2015. In 2014, a national audit comparing DKA management of adolescents in pediatric wards versus adult wards showed similar incidence of hypoglycemia in both groups and increased incidence of hypokalemia in those managed in adult wards according to adult protocol, following which guidelines were updated in 2015. This audit has been initiated locally, based on the previous audit to compare incidence of complications like hypoglycemia, hypokalemia, cerebral oedema and time of resolution of DKA between children managed by 2015 guideline versus those managed by 2020 one.

Objectives

- To ensure patients admitted with DKA are managed according to the latest BSPED guideline
- To compare between incidences of hypoglycemia, hypokalemia, cerebral edema and time of resolution of DKA in children who were managed by 2020 DKA protocol versus those who were managed by 2015 protocol

Methods

- 7 children who were included in the study were managed by 2020 guideline since May 2020 while patients' records have been used retrospectively for those children who were managed by 2015 guideline in the past few years.
- All children from both groups have been audited against the incidence of hypoglycemia, hypokalemia, cerebral oedema and time of resolution of DKA.
- Children who were admitted since May 2020 have been audited against adherence to revised IV fluid protocol.

Results

- IV insulin was given appropriately according to the guideline.

- Long-acting insulin was given to one patient out of 7 at the start of IV insulin infusion in those children who were managed by 2020
- There was no significant difference regarding incidence of hypoglycemia in both groups
- No one had cerebral oedema in either group.
- There was no significant difference in the mean time of resolution of DKA between both groups
- There was a slightly increased incidence of hypokalemia in those children who were managed by 2020 protocol (57.14%) compared to 22.22% in those who were managed by 2015 protocol.

Conclusions

- The BSEPD guideline was adhered to with regard to iv fluid and iv insulin administration.
- Basal insulin was not commenced in majority of the cases at start of DKA ICP.
- The slightly higher incidence of hypokalemia in those treated with the 2020 BSPED guideline was noted.
- There was some delay in commencing subcutaneous insulin after resolution of DKA in some cases, exact reasons not known.

British Association for Community Child Health

1216 IMPLEMENTING A TELEHEALTH AUTISM DIAGNOSTIC SERVICE IN BARNET IN RESPONSE TO COVID-19 RESTRICTIONS

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Background The Barnet Community Paediatric Team is commissioned to deliver autism diagnostic services for children under 7 years of age. Historically, the wait for an autism diagnostic assessment including the Autism Diagnostic Observation Schedule (ADOS) was approximately one year. Following lockdown restrictions on face-to-face assessments, an evidence-informed telehealth assessment protocol was rapidly implemented.

Objectives Describe the telehealth implementation process, outcomes and impact on wait list.

Methods We conducted a literature review of existing autism diagnosis telehealth strategies. Existing members of the autism diagnostic pathway (three community paediatricians, one clinical psychologist and one speech and language therapist-all working part-time) attended formal and informal online telehealth diagnostic courses. New members of the team recruited later in the implementation process went through a similar induction process. Initial implementation was via a pilot phase of 5 children over 6 weeks followed by wider dissemination and staff training to assess 4 children per week. Weekly team meetings were conducted for peer review and service improvement.

Data collection/analysis: we collected baseline child data; diagnostic outcomes, and family and clinician satisfaction assessments via formal surveys and informal discussions.

Results The telehealth model selected was based on the Tele-ASD-Peds developed in the US targeting young primarily preverbal young children. Assessing clinicians attended freely available online training hosted by the Vanderbilt Treatment and Research Institute for Autism Spectrum Disorders. Following a pilot phase in May 2020, the programme was launched with 1–2 assessments per week and subsequently expanded to 4 assessments per week with the recruitment of two additional part-time clinicians. As the team gained experience assessing young preverbal children, the offer expanded to include older and more verbal child utilizing other emerging telehealth models (e.g. Brief Observations of Symptoms of Autism-BOSA). Over the first 10 months of the programme, 60 children (38 under 4, 22 over 4) were assessed with diagnostic certainty achieved in the majority of children. The wait list for autism assessment for new referrals into the diagnostic pathway declined from approximately 12 months to approximately 3 months.

Satisfaction surveys were collected from a subset of caregivers indicating a high level of satisfaction with the process. Clinicians rated the experience positively on a variety of factors including the ability to observe parents interacting with their children in the home environment. Teachers and school professionals attended some of the sessions facilitating a broader understanding of the child's profile across settings. Three families declined/not offered telehealth assessment due to factors related to home environment or child reluctance to use a screen. Complementing telehealth assessment with live school/nursery observations (when permitted) confirmed the diagnostic conclusions in 5 children.

Conclusions Early results suggest teleheath autism diagnostic assessments in a community setting are effective in selected children when directed by highly skilled clinicians. The reduction in wait list time is likely related to the combination of added resources and the availability of a telehealth alternative during the lockdown period. Challenges remain related to sustainability given limited funding resources, assuring equity and overall diagnostic certainty when compared with more traditional assessments.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1217 YOUNG VOICES MATTER- EVALUATION OF VIRTUAL OUTPATIENT CONSULTATION IN PAEDIATRICS DURING COVID19 PANDEMIC

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Background The implementation of virtual clinics (telephone or video consultations) has gained momentum during the COVID-19 pandemic. The NHS long term plan outlines reducing face to face consultations and implementing digitally-enabled outpatient care. Virtual clinics have been reported in literature and have established use in adult medicine. Within Paediatrics, specialty groups like Orthopaedics, Diabetes and