Respiratory have been running virtual consultations with good parent satisfaction. Little published data exists evaluating the perspective of children and young people (CYP) on virtual services.

At our tertiary centre, face-to-face, telephone or video consultations were delivered to patients following clinicians' triage of referrals as part of our outpatient transformation.

Objectives We sought to evaluate virtual clinics from the perspective of patients, parents/carers, clinicians and administrative staff by seeking their opinions regarding virtual clinics as compared with traditional face to face appointments. Stakeholder views are an essential and integral aspect of planning outpatient services. Together, we can shape services fit for the future by embedding the voices of CYP in their rightful position at the heart of all that we do.

Methods Our working group of paediatricians, nursing and administrative colleagues co-designed surveys with the input of a CYP reference group.

Following their participation in a virtual clinic appointment, patients and their parents/carers were placed into subgroups according to patient age; 8–12 years, >12 years. The Envoy Messenger service was used to send a message enclosing links to an evaluative online survey corresponding to the subgroup. Clinicians and administrative staff were contacted via email. 210 survey responses were reviewed and analysed.

Results Responses were obtained from each group - the highest response rate seen from parent/guardians.

In all groups, the majority opinion of the virtual consultations was positive; 70% of clinicians felt they worked well for patients, 65% of CYP >12 rated their appointment as good/great, 85% of CYP 8–12 felt the virtual appointment was better than face-to-face and 77% of parent/guardians were satisfied/very satisfied.

Interestingly, the majority of CYP in both age groups (54–65%) reported a preference for face-to-face consultation, in contrast to 56% of parent/guardians with a preference for virtual for their next appointment.

75% of consultations reported by the parent/guardian group were conducted over the phone. A common theme from parent feedback was an expressed preference for video appointments highlighting the importance of offering a choice where feasible.

Themes identified from staff responses included a need for formal training prior to delivery (70%), technical issues impacting on consultations (62%) and an increased workload for administrative staff.

Conclusions The patient experience of virtual clinics at our centre was overwhelmingly positive. Insights gained from actively seeking the CYP voice served to highlight specific areas for improvement for the future.

A focus on understanding the CYP preference for face-to-face consultations despite a positive overall experience with virtual appointments would help us to adapt the service to their needs.

Virtual consultations are now an established means of delivering outpatient care within Paediatrics. It is essential to embed CYP voices in evaluating and shaping these services.

British Paediatric Respiratory Society

1218 PERCEPTION OF PPE (PERSONAL PROTECTIVE EQUIPMENT) AMONGST PAEDIATRICIANS

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Background PPE (Personal Protective equipment) use has been mandatory due to the current pandemic with Covid-19 and has been in use for the past 1 year. Use of PPE in paediatrics comes with its own challenges but is likely to be used more frequently in future. At this juncture it would be useful to collect feedback from the paediatricians to improve our understanding of the practical issues with use of PPE so that as a group changes or alterations could be considered if at all necessary.

Objectives To understand practical difficulties with use of PPE if any and review personal experience from paediatricians who have been using them in the current pandemic.

Methods Survey regarding PPE specific questions were sent to multiple Paediatricians and the results analysed.

Results 96 paediatricians responded to the survey. Of the 96 doctors who responded, 61 were consultants and 35 were at a middle grade level. 27% of the respondents said wearing face masks did not affect their interactions with children. 73% of the respondents noted difficulties with increased stranger anxiety, difficulties with communication and establishing rapport with their patients. Of the 73% who had difficulties with interaction this was highest in the 1–3 year patient age group. 61% of the respondents did not feel that having face masks interferes with handovers although 39% felt it does. Almost 80% of the respondents felt that having full PPE interfered with their procedural skills with particular difficulties with intubation (33%) and cannulation (56%). 54% respondents preferred goggles and 46% preferred visor for eye protection. 30% of the respondents said that they would still prefer to continue to use PPE even after the pandemic.

Conclusions This survey brings out some very interesting facts (and many other comments) about use of PPE in our professional life. A large majority felt that it affects their interactions with children particularly the 1–3 year age group due to the difficulty in reading expressions and communication. It would be important to look at having alternative face masks which are child friendly. A significant proportion felt that having full PPE interferes with their procedural skills and it is important that this is urgently addressed as it could have significant patient safety implications. Fogging, poor visual clarity etc. were many of the issues reported and the wider paediatric group needs to escalate these concerns so that alternatives could be considered. PPE is likely to remain a long term piece of equipment to be used in paediatrics and it is important that we now ensure that they are tailored based on feedback from its users.