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.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

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VIRTUAL CONSULTATIONS IN PAEDIATRICS- WHAT HAVE WE LEARNT?

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Background With the current pandemic there have been many changes in the way we work. The most obvious one is use of remote clinics with the likelihood that this would remain with us in the long term. There have been wide spread acceptance of this way of working in a very short time with benefits in cost efficiency and patient attendance described. Remote consultations in paediatrics has its own challenges and this would be a good time to analyse how it works, the practical

challenges and to see if any changes are needed with the how it is provided in the future.

Objectives To get feedback from paediatricians regarding their use of remote consultations so that we could plan our services for future

Methods A questionnaire Survey was sent to paediatricians regarding their experience of use of virtual consultations and their responses were analysed

Results 66 doctors responded to request for feedback and provided answers to the questions. 78% of the respondents were paediatric consultants, 6% were neonatal consultants, 6% community consultants and 10% were specialist registrars. 94% of the respondents hadn't done remote clinics before the pandemic. Over 60% of the respondents had done more than 50% of their outpatient clinics over the last one year remotely. 75% of the respondents also provide specialist clinics apart from general clinics. 15% of the respondents used only video clinics, 28% only telephone clinics and 50% did both video and telephone clinics. 27% of the general paediatric patients and 39% of the speciality paediatric patients seen remotely were called in for a face to face consultation subsequently. Main problems with telephone clinics were calls not being answered, safe guarding concerns not being evident, difficulty in diagnosis and patient rapport. Amongst video clinic users difficulty with use of technology and network issues were the most frequent problems encountered. 55% would prefer face to face clinics in comparison to remote clinics. 73% used NHS attend anywhere platform for video consultations. The overall prediction was that 37% of the general and 31% of the speciality paediatric outpatient consultations could be done remotely in future. 55% of the respondents reported that the non attendance rate has gone down with use of virtual clinics

Conclusions In our survey it is clear that virtual consultations were done by most paediatricians over the last 1 year with the majority doing a mix of video and telephone clinics. There were practical difficulties with use of both telephone and videos amongst the respondents with approximately a third of the patients being called for face to face consultations subsequently. More than half of the group would prefer face to face over virtual consultations as it ensures better communication, rapport, review of safe guarding concerns and better diagnostic results. However there is a vast proportion of consultations which could be easily completed remotely thereby reducing patient journeys and improving attendance rate. An agreed list of conditions where remote consultations are equally effective would be a helpful way forward along with attempts to improve current technology.

British Paediatric Respiratory Society

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VIRAL ETIOLOGY OF MODERATE TO SEVERE ACUTE LOWER RESPIRATORY TRACT INFECTION IN CHILDREN FROM A TERTIARY CARE HOSPITAL OF EASTERN INDIA

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Background Viral infections are the common source of lower respiratory tract infection worldwide. Rapid and accurate detection of viral infections can prevent antibiotics abuse