Methods After training and attendance at the RCPCH Epilepsy Quality Improvement Programme (EQIP), a driver diagram, fishbone analysis, 5-whys methodology and patient questionnaire were used to understand the patient pathway. An EEG leaflet explaining the procedure is already sent to patients. However, it was noted that there was little information or avenue for families to ask questions or to allay fears and anxieties before attending. This highlighted the need for improved preparation in addition to the standard EEG leaflet before arrival to the hospital.

A Model for Improvement with 4 PDSA (Plan, Do, Study, Act) cycles was employed to test change. Patient families were contacted several days before the EEG to discuss needs, anxieties and ways of working that might improve the experience and thereby the quality of the EEG recording eg room layout, staff in uniform, toys, Wifi availability etc.

The later PDSA cycles highlighted logistical problems in telephoning all paediatric patients. Therefore, an addendum to the patient leaflet was sent to the patient. This signposted useful online material and other resources. Department photographs were also available on request.

Results An improvement was seen in the number of quality EEGs recorded. The percentage of paediatric patients with full quality EEGs was seen to be consistently above 95% after introduction of the telephone call and leaflet addendum. No EEG recordings were abandoned. Very favourable feedback was gained from families about increased flexibility to tailor the EEG investigation. The Covid-19 pandemic unfortunately affected EEG wait times.

This was a multidisciplinary quality improvement project resulting in rewarding, collaborative links to enable future dialogue and multidisciplinary working.

Conclusions Quality of EEG recordings was improved by increased communication between families before appointment, either by discussion over the phone or by signposting to online resources

Quality Improvement and Patient Safety

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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 has been widespread 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, safeguarding 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, 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 safeguarding 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

RCPCH Trainees Committee

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MUSIC, PHOTOS & LOTS OF BANTER: BRINGING THE WIDER PAEDIATRIC FAMILY TOGETHER THROUGH VIRTUAL QUIZ NIGHTS DURING THE COVID-19 PANDEMIC

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Background After the onset of the COVID-19 pandemic, the government issued national lockdown restrictions. This was soon after the March 2020 changeover, meaning many paediatric trainees were working in new, unfamiliar hospitals with strict social distancing rules. This impaired the normal