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.

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A NEW WAY TO REVIEW PAEDIATRIC PATIENTS WITH WHEEZE AND ASTHMA DURING COVID-19; VIDEO GROUP CLINICS

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Background The Paediatric Asthma Team previously ran face-to-face group clinics and when the Covid-19 meant that outpatient appointments moved to telephone and we wanted to see if Video Group Clinics were more time efficient for the clinicians and provided positive learning opportunities to parents managing wheeze.

Objectives Our objective were to see if VGCs improved the following:

For Patients

- Allow families to learn from each others experiences
- Allow more time for teaching and questions
- Increase confidence of parents and children managing wheeze at home
- Improve convenience by having No travel time and therefore reduce WNB rate

For Clinicians

- Improve time efficiency
- Reduce repetition with teaching
- Allow time to cover questions
- Add variety in working week

Methods

- 2 hour training

- Wrote and edited appointment letters and pre-clinic questionnaires
- Developed a consent and confidentiality agreement specific to online groups
- Information Governance permission to use Microsoft Teams
- Called patients to get their email addresses to send out information pre clinic
- Practice runs
- Prepare Power Points on VIW/Asthma/Transition
- With the initial high WNB rate we contacted the parents who DNA'd to get feedback and as a result changed our letter to email and forms online, provided a leaflet on discharge from the ward and increased the numbers we invited.
- We tried different patient groups <5y new, >5y new, <5 fu, >5 new and transition clinic.
- We kept a record all patients that were invited, those that attended, cancelled and DNA'd
- Patients filled out an online feedback form

Results

- 11 clinics
- Over 6 months (July-December 2020)
- 62 patients booked
- 31 patients attended
- 8 cancelled
- 23 WNB – 37% WNB rate

VGC Negative:

- Our administrator typically spends more time contacting parents before the clinic compared with a 1:1

VGC Positives:

- Time efficient for clinician (1.5 hours for 4–8 patients vs 3.5 hours for 5 in individual face to face clinic).
- More time for teaching/peer learning compared with a 1:1 appointment
- Positive experience for the clinicians
- Positive feedback:
 - 'Much easier to attend than a walk in appointment'
 - 'No travel was a bonus'
 - 'It was really helpful to be in a group setting and hear experiences from other parents of kids with asthma...'
 - 'I found it useful to hear other people's experiences and how they cope with some of the difficulties encountered.'
 - 'The session was very well facilitated and space felt completely safe..'
 - 'Also some of them asked relevant questions that i might not have thought of on my own' Helpful 'Thank you so much for all the support with my little princess, it was very helpful for me'

Conclusions After the initial set up challenges we found the VGC worked best for follow up of 'new' patients with pre-school wheeze requiring A+E or hospital admission; we found the time spent for education and recognising wheeze was hugely beneficial. We had consistent positive feedback from parents about the benefits of a group clinic and how much they learnt from peers, we also found it time efficient as a clinician. We will be continuing VGCs beyond the Covid-19 pandemic.