We have piloted clean air champions to increase engagement at the Trust in association with external partners Global Action Plan (GAP).

Advocacy towards a commitment to build the UK's first carbon net-zero hospital to replace Whipps Cross.

Conclusions Connecting through shared values, in this case, related to a desire to act on climate-change, can powerfully support a change agenda. This can be driven by highly motivated frontline clinical staff. This is vital and complements the top down work from Trust and National leadership.

Secondary beneficial outcomes include promoting staff engagement and belonging, both key for promoting resilience and reducing burnout.

British Paediatric Neurology Association

1429

FAMILIES REPORT DESIRE FOR CONTINUING VIRTUAL EPILEPSY CLINICS: PATIENT EXPERIENCE DURING YEAR ONE OF COVID-19 ENFORCED CHANGES TO PAEDIATRIC EPILEPSY SERVICES

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Background The 2020 COVID-19 global pandemic required significant and immediate adjustments in service delivery. For our paediatric secondary care epilepsy service most outpatient consultations were switched to virtual from face-to-face. Initially this was via phone, and then included video calls. As we have begun to live with COVID we have developed a blended approach with mixture of face to face and virtual appointments within our service. We wanted to evaluate our families' experience of this to inform service planning and design moving forwards.

Objectives To evaluate families' initial experience of non-face-to-face secondary care paediatric epilepsy clinics and their subsequent reflections and experience one year on in order to inform service re-design.

Methods Families of children seen virtually between 1st March and June 30th 2020 were contacted retrospectively via telephone for feedback on their experience. The questionnaire enquired into satisfaction, advantages/disadvantages over face to face and opinions on continuation of virtual appointments. Time and money savings, along with the environmental benefits were estimated.

A second review of all families under the service is currently underway which includes same questions as initial survey and the Epilepsy 12 patient/patient reported experience measure (PREM).

Results First phase: 24/45 families responded. 21 had telephone clinics and 3 video (video commenced mid-June). Five of those using phone clinics would have preferred video consultation. No one experienced technical difficulties. 25% (6/24) thought a face to face appointment might have been better but were satisfied with the consultation. All would be happy to have virtual consultations again. Advantages over face to face clinics included time savings and being less stressful for the child/young person. On average parents reported saving 136 minutes of time (range 30–180) and £18.90 (range

£0–60) with virtual consultation compared to face-to-face. 20.47 miles of driving were prevented on average per patient (range 2.4–43.2).

Phase two data collection is in progress at time of abstract submission but will be available to present and share at conference.

Conclusions COVID has changed the way we will deliver healthcare services. We need to ensure that these changes are safe and effective as well as meet user preferences.

Our initial evaluation offered overwhelming user support for the opportunity to permanently adjust the patient pathway within paediatric epilepsy services to include virtual consultation's as part of this. All families would be happy to use again and many cited they would prefer this on an on-going basis, either exclusively or combined with face-to-face. Benefits included savings in time, money and positive environmental impact. Most recent patient/parent report experience measures are to be added.

As professionals we need to be satisfied that the virtual model offers adequate opportunity for privacy and consultation with the young person alone; enables the voice of the child/young person to be heard and does not adversely impact on our ability to identify and evaluate any safeguarding concerns.

On-going review and wider research will be required to ensure that clinical outcomes aren't affected negatively by any change in service models.

Association of Paediatric Emergency Medicine

1430

A TEN YEAR RETROSPECTIVE OBSERVATIONAL ANALYSIS OF MENTAL HEALTH PRESENTATIONS TO AN INNER CITY TERTIARY CHILDREN'S EMERGENCY DEPARTMENT

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Background Attendances to Paediatric Emergency Departments (ED) by children and young people (CYP) with mental health conditions is rising, though this has not been quantified; this has not been mirrored in growth of community mental health services. Whilst these CYP present with escalating new or known mental health presentations, there is scant evidence to understand their needs, impact on services, and planning service change.

Objectives To describe epidemiology of mental health presentations to our ED over ten years.

Methods Single centre retrospective chart review study, in a tertiary urban Paediatric ED. Iterative comparative searches of coding and clinical key words identified all CYP attending due to mental health issues between 1st January 2011 and 31st December 2020 and data were extracted from electronic records, or by hand if only paper records existed. Abstracted data included personal (e.g. age, sex, ethnicity), clinical (e.g. presenting complaint, triage category), and process (e.g. disposition, length of stay) measures.