included paracetamol overdose and depressive disorder which have risen with each year:

2019 (Paracetamol OD 20.1%, Depressive disorder 21%, eating disorder 6.1%, anxiety 15.6%)

2018 (paracetamol OD 18.3%, depressive disorder 27%, eating disorder 2.8%, anxiety 10.7%)

2017 (paracetamol OD 9.7%, depressive disorder 10.2%, eating disorder 2.4%, anxiety 4%)

Conclusions The lower mental health presentations seen during the first lockdown compared to the last four years can be explained by the effect the start of the pandemic had in the UK population. The 'stay at home' message may have provided valuable parental support to those CYP who would have otherwise presented during that period with a mental health issue. However, with the ongoing changes during the last year surrounding financial and educational uncertainty, the numbers have risen. Recent epidemiological models have predicted a spike in Covid-19 in July, this will impact the mental health numbers that emergency departments will see. Adequate provision should be put in place to support the CYP now and in the future.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1446 IMPACT OF PAEDIATRICIAN INVOLVEMENT IN NHS 111 CLINICAL ASSESSMENT SERVICES

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10.1136/archdischild-2021-rcpch.647

Background More children and young people (CYP) attend Emergency departments (EDs) each year than over-65s and CYP account for up to 40% of all primary care consultations. Many CYP seen in ED or primary care are triaged through NHS 111, which is a free telephone service, wherein all calls are initially triaged by a call-handler. Where appropriate, calls are passed on to the Clinical Assessment Services (CAS) for a call-back from a clinician. During the Covid-19 pandemic, NHS 111 experienced an increase in volume of calls offered.

Objectives To support NHS 111 providers in responding to paediatric calls during the Covid-19 pandemic, and to assess the feasibility of including paediatric expertise within NHS 111 CAS and its impact on service delivery.

Methods In May 2020, 70 paediatric clinicians, identified via the RCPCH (or locally), were on-boarded and trained to work remotely within the CAS of six NHS 111 providers in England. Across all six NHS 111 provider sites, the volunteers worked alongside existing CAS clinicians, providing call-backs to carers of paediatric cases under 16 years old, irrespective of the presenting complaint. Data were gathered from existing NHS 111 provider systems to include immediate outcomes (dispositions) and patient/carer feedback. Contributing paediatric clinicians and NHS 111 staff were surveyed by questionnaire and/or phone call.

Results 2535 paediatric cases were taken by paediatric clinicians and 137,008 paediatric cases by non-paediatric clinicians working in the six NHS 111 providers from 25th May to 4th

Abstract 1446 Table 1

		Disposition					Total
Clinician type	Paediatrician	Self-care, no onward referral (%) [*]	Attend primary care (%) ^{**}	Attend ED (%) ^{**}	Ambulance call-out (%) ^{**}	Other (%) ^{**}	
		1,740 (69)	326 (13)	319 (13)	38 (1)	112 (4)	2,535
	Non-paediatrician	58,865 (43)	40,612 (29)	24,006 (18)	5293 (4)	8232 (6)	137,008

*Chi Squared (χ^2) (df 1, N 139 543) = 667.8, p<0.01

December 2020. Disposition rates varied between the calls taken by paediatric vs non-paediatric clinicians (table 1).

******All categories significant at p<0.01 e.g. self-care versus primary care referrals χ^2 (df = 1, N = 78938) = 37.95, p<0.01

Survey data from 62/70 volunteers indicated that they enjoyed working for NHS 111. NHS 111 staff surveyed (n=14) and interviewed (n=5) reported that paediatricians contributed to improving the service delivery to young patients. Feedback from carers whose calls had been taken by paediatric clinicians at one NHS 111 provider (n=60) showed higher satisfaction rates when compared with national averages for all calls (including adults and children) (92% vs 67%), with more reporting that their problem was resolved (92% vs 26%).

Conclusions The data showed that enhanced paediatric support within NHS 111 CAS is likely to reduce the large volume of children advised to attend ED or primary care, while improving the families' experience. Further work will explore the longer term outcomes within the NHS, and more detailed carer feedback. In future, more integrated models of care for CYP needing urgent and emergency care services may be achieved by this means, and better access to alternative health-care support through hospital or community-based services, such as rapid access clinics.

Paediatricians with Expertise in Cardiology Special Interest Group

1447 UNRECOGNISED LONG QTC SYNDROME- CAN WE DO MORE?

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10.1136/archdischild-2021-rcpch.648

Background The congenital long QT syndrome is a disorder characterized by Q-T interval prolongation on electrocardiogram that predisposes the heart to ventricular tachycardia and fibrillation. Children with long QT are prone to life threatening ventricular arrhythmia. The condition may remain unrecognized for a long time in children who present with recurrent episodes of syncope and seizures. We report a case of congenital Long QT Syndrome being thought to have vasovagal syncope and discuss the importance of having conversations about how early recognition of this condition could be promoted.