Coverage slightly exceeded usual paper-based data collection, with NeoTree capturing 25 more admissions and 17 more outcomes than the ward clerk. Median completion times were 16 and 8 minutes for an admission and outcome respectively.

Conclusions This study demonstrates how a digital health app can be optimised according to think-aloud usability insights to produce a highly usable intervention that is ultimately used and taken up by newborn HCPs in a low-resource neonatal unit. This study spearheads translational approaches to digital health intervention development by combining agile, user-centred design with traditional qualitative methods to expedite timely and pragmatic development of NeoTree. These findings could inform optimisation and successful uptake of similar apps in other low-resource settings.

British Paediatric Neurology Association

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NEUROCOGNITIVE ASSESSMENT FOR CHILDREN WITH IDIOPATHIC EPILEPSY

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Background The effects of epilepsy are felt in physical, mental health, cognitive function and educational achievements. With the improvement in diagnostic and therapeutic modalities, we can expect a better quality of life.

Objectives assess the effect of different anti epileptic drugs on the neurocognitive functions of the children with idiopathic epilepsy.

Methods Case-control study, where thirty children diagnosed with genetic epilepsy were recruited from paediatric neurology clinic, Ain Shams University compared to 30 children included in the control group who were recruited from the outpatient clinic with the same age and sex as cases.

All included children were subjected to the following:

History taking including (Onset, course, seizures' type, (GTCs,absence,focal),treatment duration, and antiepileptic drug used. Developmental, diet and medication history. History of major illnesses and Familial similar condition. General, neurological examination and Neurocognitive assessment by using Wechsler Intelligence Scales, Wisconsin card sorting test the computerized version, and Continuous Performance Test.

Results Results: In the present study we have evaluated 30 patients with genetic epilepsy who were regularly attending the Pediatric neurology clinic, Ain Shams University, with male to female ratio 1:2 in whom 63% were using levetiracetam, while 33% were using valproate 20% were using carbamazepine, 6% using lamotrigine and 23% using poly therapy. They were compared to 30 healthy individuals of same age and sex groups who served as the control group. Fifty-six% of patients had generalized tonic-clonic seizures, 34% had absence seizures and 10% had focal seizures. The mean age of the studied patients was 10.72 years and the mean duration of treatment was 2.6 years.

Regarding Wechsler Intelligence Scales, results showed that 26.7% of cases were very low mental function as regards total IQ, 30% low average, while 43% were average total IQ compared to 60% of controls were average total IQ while 26.7% were high average and 13.3% were very high. In our study, patient group had significantly lower full-scale, performance, and verbal IQs compared with the control group. The verbal

IQ were higher in patients using monotherapy than those using poly therapy, levetiracetam has the highest Wechsler intelligence scale profile compared to those using valproate or poly therapy. In Wisconsin card sorting test, patients performed poorly compared to controls, patients using monotherapy had better scores than those on poly therapy, patients using LEV had a better score than patients using other medications, there was no significant difference between patients with generalized tonic-clonic seizures and those with absence seizures. *Regarding* Continuous performance test: it was found that controls have a better score than patients with idiopathic epilepsy, there was a significant difference between patients with GTCs and those having absence seizures regarding total omission and average delay, there was a negative moderate correlation between duration of treatment and digits span and there was a negative moderate correlation between the dose of LEV and picture completion.

Conclusions Children with idiopathic epilepsy are more vulnerable to cognitive deficits than healthy children. The longer the duration of therapy and the use of more than one anti-epileptic medication, the more cognitive deficit observed in these patients.

Association of Paediatric Emergency Medicine

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PAEDIATRIC EMERGENCY DEPARTMENT ATTENDANCES DURING THE FIRST WAVE OF THE COVID-19 PANDEMIC – PATTERNS OF CONDITIONS, DEMOGRAPHICS AND ETHNICITIES

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Background The first wave of the coronavirus pandemic in the United Kingdom began in March 2020 and resulted in the closure of schools and non-essential services as mandated by the government. During this period a notable reduction in the number of children attending the Paediatric Emergency Department (PED) was witnessed. At this time information that Black, Asian and Minority Ethnic (BAME) patients were having worse outcomes from COVID-19 was becoming apparent. This raised questions about which groups of patients were not utilising the emergency services despite being acutely unwell and how we can better support these patients.

Objectives The primary objective was to identify the specialty-specific case mix of emergency paediatric presentations during the first wave of the COVID-19 pandemic in comparison to the same time period in the preceding year. A secondary aim was to understand if COVID-19 had an impact on the proportion of BAME patients attending the PED.

Methods We retrospectively collected data on PED attendances at a busy district general hospital in two time periods; March to May 2020, and March to May 2019. Information on patients' age, gender, ethnicity, diagnosis (categorised by specialty) and the outcome of their attendance were collected for all children aged 0–16 within each time period.

Results 5,153 patients attended the PED between March 2020 and May 2020, compared to 11,897 in the corresponding time period in 2019, representing a 56.7% reduction from one year to the next. The largest difference in presentations was seen in May 2020, with a 72% reduction in presentations. Gender and age distribution of children presenting remained consistent between 2020 and 2019, with the majority of children being within the 1–4-year age group. In the 2020 cohort, 38% of patients attending were from a BAME group compared to 45% in 2019. There was a reduction of more than 50% of children presenting with notifiable diseases, gastrointestinal, respiratory, otolaryngology, urological, renal, anaphylaxis/allergy and accidental (trauma, poisoning, foreign body and burns) presentations. The number of children presenting with mental health or safeguarding problems decreased by 39% in 2020 compared to 2019. Infant-specific presentations, along with haematology, oncology and endocrine presentations increased between 2019 and 2020.

Conclusions A significant decrease in PED presentations was seen during the first wave of the pandemic. This reduction was possibly caused by patient, parental and carer fears of attending hospitals at the height of the pandemic. Alternatively, it may have been caused by an increased ability of parents to manage certain conditions at home. Furthermore, the reduction in some presentations may have reflected a true reduction in infectious diseases due to social distancing measures. Similarly, the reduction in trauma and accidental injury may have reflected a true reduction due to stay at home rules. Future implications of this study are to further understand why the reduction in PED presentations was seen and if this trend was also present in further waves of the pandemic in the UK. Additionally, this work will help inform resource allocation during subsequent outbreaks.

British Association of General Paediatrics

1529

ATTENDANCE AND ENGAGEMENT OF CHILDREN IN REMOTE PAEDIATRIC OUTPATIENT CLINICS

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Background COVID-19 caused unprecedented changes in the way outpatient health care services are delivered throughout the world. The need to reduce transmission meant many services changed from face-to-face consultations to remote consultations, utilizing video or telephone technology. In face-to-face consultation, there are many non-verbal cues that are lost in remote consultation. In the paediatric age group, this part of the consultation is an essential component of a complete consultation. The lack of face-to-face service has led to concerns that children are not attending paediatric remote consultations with parents.

Objectives Evaluate the presence or involvement of paediatric patients in remote consultations.

Methods We reviewed all clinic letters on the computer system used in Peterborough City Hospital, e-Track, for the months September to October 2020. We read the letters and

Abstract 1529 Table 1 Inclusion and exclusion criteria

Inclusion criteria

- Clinics taken place in the paediatric Rainforest outpatient department at Peterborough City Hospital
- Children aged from 6 to 16 years

Exclusion criteria

- Children younger than 5 years
- All face-to-face clinics.
- Physiotherapy, dietician and psychological clinics
- Oncology medicine clinics

confirmed any presence of the child during the consultation. Table 1 illustrates inclusion and exclusion criteria.

Results A total of 690 letters were reviewed that met the inclusion criteria. 182 (26.37%) were video consultations and 508 (73.76%) were telephone consultations [figure 1]. The male: female ratio was almost equal to 1.09:1.

Of the 690 consultations, in 278 (40.27%) children were present, in 37 (5.36%) the children were at school and in 375 (54.34%), the majority, it was not documented about the presence of the child or any discussion with them [figure 2].

In those consultations in which children were present, 123 (44.24%) were video consultations and 155 (55.75%) were telephone consultations [figure 3].

Of the 182 total video consultations, in 123 (67.58%) consultations children were present. On the other hand, of the 508 telephone consultations, only 155 (30.5%) had children present during the consultation [figure 4].

Conclusions Remote consultations are not without drawbacks. A specific setting is required for a good remote consultation. This can lead to diagnostic difficulty or ambiguity and one should be more vigilant for safeguarding issues. In telephone consultations, there is a lack of inspection or visual assessment. In our study, we found that in more than half of the consultations, there was no clear documentation about the presence of the child or about the involvement of the child during paediatric remote clinics. This is an important missing element of the consultation that may further compound the issues described.

The use of remote consultations will need careful planning, audit and standardized guidance from societies and royal colleges depending on the type of paediatric service, age of the patient, clinical subspecialty and new vs. follow up clinics to ensure a safe service.

International Child Health Group

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'SAFETY OF TOYS: AN UNMET NEED IN A DEVELOPING COUNTRY' INQUIRY INTO SAFETY OF TOYS AND PARENTAL KNOWLEDGE ON TOY SAFETY IN SRI LANKA

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Background Toys are a part and parcel of a child's life and are often inseparable from a child. They are of utmost