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

1531

'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

importance not only for the purpose of entertainment, but also for the neuro-development of the child. However, toys are not without hazards. A simple piece of a toy can act as a weapon. The hazard of each toy type is very variable from various injuries and even to death.

The safety standards are almost non existing in developing countries as well as no data are available on toy related injury to children.

Objectives

- Evaluating the safety of toys available in the local market
- Assessing parental knowledge and attitudes on safety of toys used by our children

Methods We examined the labels of 400 toy pieces at local market, belonging to 16 categories and data was gathered via an interviewer administered questionnaire developed using International Standard ISO 8124-1, European Union standards and ASTM-USA standards. During our next endeavour, we assessed knowledge, attitudes and practices regarding toy safety from 400 parents of warded children or attendees at clinics or outpatient departments of the Colombo South Teaching Hospital, Sri Lanka and at who got at least one child aged between 1 and 5 years. Interviewer administered pre-tested questionnaire was used for data collection.

Results Toy safety standard study

Labels were present in 88.8% and 50.5% were priced less than SLR 500.00. 87% of toys in the local market were imported and the main country is China (86%) while country of manufacture was displayed only in 81%. Name and address of manufacturer and distributor were displayed in 16% and 17%. Age specified in 66% and weight in 0.8%. Warning statements or graphics displayed in 74%, below 3 months symbol in 72%. The label details as presence(80%), legible(78%), understandable(82%) and in English(80%) of toys were considered.

Toy type	Presence of safety instructions under different categories
Balloons	1.3%-2.3%
Toys with small parts	58%-62%
Aquatic toys	1.8%-2%
Crib mobiles	0.3%
Toys in contact with food	0.5%
Simulated protective equipment	1.8%
Toys with functional sharp edges	0.3%
Skates	0.3%
Projectile toys	1.5%
Kites	0.3%-1%
Bicycles	0.5%-1.8%
High impulse noise toys	0.3%-3%
Scooter	0.3%-0.8%
Art & craft	0.3%-11.5%
Battery operated toys	0.3%-18%

Parental knowledge and attitude study

85% were mothers and 47% were house wives. 54% had only one child. Mother(70%) and grand parents(57%) were the main observers during play. Majority 60%, buy less than 10 toys per year and 95% occasions non parents bought toys

as well. Toys were bought from different locations. Allocated play area was present only in 11%.

Parental concern on toy purchase	Valid percentage
Safety	78%
Cost	24%
Need of child	55%
Educational value	37%
Age of child	58%
External appearance	15%
Lead/chemical content	40%
Choking hazards	60%
Breakability	74%
Projectability	26%

QY average for the sample is 68.20 and skewness value is > 0.1.

Conclusions Physical aspects of toy safety and parental knowledge and attitudes need to be reinforced.

Young People's Health Special Interest Group

1532

VIRTUAL YOUTH WORK: MEETING THE INCREASED PSYCHOSOCIAL NEEDS OF CHILDREN AND YOUNG PEOPLE WITH A LONG TERM CONDITION DURING THE COVID-19 PANDEMIC

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Background Studies show that young people (YP) aged 16–30 years with a long-term condition (LTC) do less well than their healthy peers in terms of their mental health and employability. 30% of YP with a LTC have mental health issues compared to 15% of the general population. They have higher rates of unemployment. Such adverse outcomes often originate in childhood as a result of depression, anxiety, educational difficulties, relationship issues, low self-esteem and social isolation.

To address these issues a Children's Hospital, in early 2019, developed a charity funded youth project, called PEEER, to improve Patient Empowerment, self Esteem, Employability and Resilience. PEEER youth workers bring Children and YP (CYP) with a LTC together to participate in activities to build self-esteem, build peer support, reduce isolation and help CYP gain accredited awards. Activities include rock climbing, cooking, football, Glow golf, art; ASDAN qualifications; Duke of Edinburgh Award.

The current COVID-19 pandemic has had an adverse impact on the psycho-social wellbeing of CYP, especially those with a LTC. There has been an increase in demand for psychosocial support -posing the challenge how such needs might be met.

To meet these increasing psychosocial needs during the pandemic the PEEER project was moved to zoom - a virtual platform, with modification of activities.