anonymously. A 5-point likert scale was used to gauge the experience of adolescents with the addition of a free text response to allow for further comments on patient experience.

Results Fifty-three patients completed the survey with 99% rating their overall experience as good or better. The majority of participants were not known to paediatric services (85%). 43% of respondents had attended an ED in the previous twelve months of which eleven had previously attended an adult ED. Over half of these patients (55%) preferred the paediatric setting. Conversely, 70% of those who previously attended a PED wished to continue to be seen in this setting. Common themes included reduced fear and anxiety in PED, as well as the perception that paediatric staff have a better understanding of needs. Additionally, adolescents with specific needs expressed a lack of readiness to attend adult services with concerns surrounding lack of familiarity and challenging sensory environments.

Conclusions The majority of adolescents surveyed showed preference for the PED with environment and communication approaches identified as influencing factors. Our study highlights the importance of considering the needs of the adolescent as distinct from those of young children and adults. Wherever emergency care services are delivered to young people, providers should strive to provide an 'adolescent friendly' environment to meet physical, emotional and psychological needs. Clinical need, service capacity and individual choice should be considered in future decision-making tools to determine the setting in which emergency care is delivered.

Paediatric Mental Health Association

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CAMHS INTENSIVE OUTREACH DURING COVID-19 LOCKDOWN: HOW DID CHANGES NECESSITATED BY COVID-19 IMPACT SATISFACTION WITH THE SERVICE?

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Background The views that service users hold concerning their healthcare needs have long been regarded as important, as they are a key component of person-centred care. The first COVID-19 lockdown in England, beginning in March 2020, necessitated Child and Adolescent Mental Health Service (CAMHS) providers to conduct many consultations and assessments remotely, where remotely is defined as in a format other than in-person (such as a telephone or video call). However, such practices were previously uncommon, hence little is known about whether service users feel that these remote ways of working can continue to meet their healthcare needs. This study aims to investigate whether remote CAMHS consultations and assessments are as acceptable to children and young people (CYP) and their parents or carers as the in-person equivalents.

Objectives To assess the acceptability of the newly remote practices of a CAMHS Intensive Outreach Team implemented during the first COVID-19 lockdown (March 23rd 2020 – May 30th 2020). This was facilitated through telephone

interviews with the CYP (aged 0–17) who accessed the service during this time, along with their parents or carers.

Methods The emergency departments of three hospitals within the same region of England were used to source participants for the study, along with a CAMHS Intensive Outreach Team serving the same locality. A database of CYP who were referred to this outreach team from these emergency departments during the first COVID-19 lockdown was generated (n=84), along with their primary parent or carer (n=84). All were invited to the study by a postal letter (n=168), and telephone interviews were carried out with those who responded to the letter. Acceptability was assessed through questions inviting a rating on a 10-point Likert scale. The questions assessed whether the service user felt 'supported and heard' and 'respected,' during their consultation, and whether they were 'happy' with it. Of the participants, some had consulted with the CAMHS team in-person, and others had consulted with them remotely. Responses from each category were separated after the data collection phase, to allow for statistical comparison of the results between the in-person and remote consultation groups.

Results Telephone interviews were conducted with 36 CYP, and 77 parents or carers. Results were statistically analysed through use of an independent two-tailed T-test. Of the CYP, there was no significant difference between the Likert ratings of acceptability for in-person consultations (n=27, M=8.7) and remote consultations (n=9, M=9.3), conditions $t(29)=2.064$, $p=0.020$. Of the parents or carers, there was also no significant difference between the Likert ratings of acceptability for in-person consultations (n=53, M=8.1) and remote consultations (n=24, M=7.9) conditions $t(56)=0.586$, $p=2.667$.

Conclusions The COVID-19 pandemic has provided a unique avenue to investigate whether previously uncommon remote ways of working are as acceptable to CAMH service users in the mainstream. Our findings support the idea that remote CAMH consultations are just as acceptable to both CYP and their parents or carers as their in-person equivalents, suggesting that their continued use could be a welcome addition to mainstream practice.

Association of Paediatric Emergency Medicine

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SINGLE CLERKING: A MORE EFFICIENT PAEDIATRIC ADMISSION PROCESS FOR THE COVID-19 ERA AND BEYOND

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Background Traditionally, patients requiring admission from the Emergency Department (ED) are initially clerked by the ED team. Following this clerking they undergo a further clerking by a junior grade from the specialty team, and then they are reviewed by a senior member of the specialty team. This traditional clerking style creates duplication of work, reduces patient flow whilst awaiting further clerking and delays the time to review by the specialty senior decision maker.