Conclusions There was positive feedback received from trainees, consultants and patients. Trainee led induction using the AccuRx NHS digital accredited system has improved uptake. Clearer appointment letters explaining video consultation will also encourage patient participation. During each rotation managing trainee clinics will be given as a task to a trainee. This will help to ensure sustainability so trainees will continue to deliver clinics remotely with one-to-one consultant engagement, supervision and learning. Birmingham Children's Hospital is looking at redesigning the whole outpatient service to incorporate telemedicine.

Association of Paediatric Emergency Medicine

612 PAEDIATRIC ED ATTENDANCES VIEWED THROUGH THE COVID LENS – PERSPECTIVE FROM AN EMERGENCY DEPARTMENT

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10.1136/archdischild-2021-rcpch.100

Background The COVID-19 pandemic has resulted in significant changes in the healthcare system. Whilst adult services were overwhelmed with sick patients there was an unprecedented decline in paediatric attendances.

Objectives The objective is to monitor the trends and understand change in PED attendances so that we can make decisions regarding any planned restructuring post COVID-19.

Methods Data from PED attendances and admissions from March 2020 to date was extracted and compared to the same period in 2019. Case notes of children who presented with sepsis/serious illness were analysed to learn if there was a delay in presentation.

Results The noticeable difference in 2020 was the 65- 75% reduction in PED attendances for minor acuity illness (URTI, tonsillitis, otitis media, gastroenteritis)

Injury visits fell to 65% below normal just after lockdown was announced, increasing to 50% below normal by July and August falling to less than 50% during the second lockdown. Fractures, likely include a significant number of playground injuries, fell to 70% below normal. The 60 - 70% reduction in PED attendances in soft tissue injuries was consistent with both lockdowns and children no longer attending school and possibly reduced participation in sporting activities.

There was an initial decrease(20% in April 2020 compared to 2019) followed by an increase in children to the same numbers as seen in 2020 August and September presenting to PED with mental illness as the pandemic progressed with an increasing proportion of children who had not presented to PED before the onset of the pandemic.

Dramatic (80%) reduction in respiratory illness(bronchiolitis, pneumonia, croup) was noted in the winter months. December is normally peak season for bronchiolitis and asthma/viral induced wheeze, for the first time such a dramatic reduction in attendance and admissions were noted in winter.

The children who presented to PED in 2020 with a serious illness and sepsis presented in a timely manner. Analysis of the timeline of events showed that parents had tried to

manage them at home with the help of 111 and virtual GP clinics. When they could not be successfully managed at home, parents were able to correctly identify this and brought them to PED.

Conclusions Over the years it has been observed that many children present to the emergency department with minor acuity illness that can be managed at home or by primary care. The pandemic data provides a unique opportunity to view this data, insights from this can be translated into planning services resulting in a sustained reduction in PED visits for minor acuity and self limiting illness. Social distancing to combat COVID-19 and universal precautions appear to have prevented circulation of communicable diseases. Improved compliance with home asthma medication, reduced air pollution levels, and reduced exposure to viral triggers and allergens likely contributed to the reduced number of children with wheeze or asthma.

Parents know that hospitals are open and ready to care for their children when they need them, but also feel confident to manage minor ailments at home with watchful waiting.

British Association of General Paediatrics

613 A CROSS SECTIONAL STUDY IN CHILDREN WITH IRON DEFICIENCY ATTENDING A REGIONAL SPECIALIST HEALTH CARE SERVICE

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10.1136/archdischild-2021-rcpch.101

Background Iron deficiency (ID) is the most common nutrition deficiency and a public health problem worldwide. WHO describes ID as ferritin values <12 ug/L among children <5 years and <15ug/L in children >5 years. In UK, there is no national consensus however, a serum ferritin <12ug/L is widely accepted as iron deficient state.

Objectives To study the iron deficient cohort of patients presenting to a regional healthcare setting in UK in terms of demography, deprivation, ethnicity and clinical problem.

Methods It is a retrospective study. A list of all serum ferritin values <12ug/L, done between August2018 and August2019 in patients aged 6 months to 16 years, was obtained from the regional laboratory. Data was collected from electronic health record systems. Statistical analysis was done using SAS version 9.4.

Results The total number of samples were 730, out of which 116 were repeat samples. The 614 patients were sub-grouped into 3 categories; patients with underlying chronic health conditions were excluded from further analysis (speciality group, numbers 158), patients with autism, developmental delay or syndromes categorized as 'community group' (numbers 125) and patients with no chronic conditions as 'No Background (NB) group' (numbers 331).

The following only includes results from the NB group. SIMD (Scottish Index of Multiple Deprivation) is differentially represented in this group ($\chi^2(9)=177.17$, $p<0.0001$). Looking at the deviation plot, the SIMD categories of 1 and 2 are overrepresented, with relative deviations above 0. Age is differentially represented ($\chi^2(16)=235.86$, $p<0.0001$). The age groups of 1 to 4 years are overrepresented, with relative