39.3% for those mothers that continued to breastfeed until within two months of returning to work.

For those mothers that express on return to work, infants receive breast milk to an average age of 18.4 months. This compares to an average age of 16.6 months for those mothers that breastfed but did not express at work. Despite this, 34.6% mothers that expressed at work stated that they stopped breastfeeding sooner than anticipated as a direct result of work and 60% women who intentionally gave up breastfeeding stated that they stopped sooner than they anticipated as a direct result of returning to work.

The most cited work-related reasons for stopping breastfeeding were long, busy shifts and night shifts (48%); inadequate expressing facilities in the workplace (38%) and a lack of protected time to express (25%).

Conclusion The RCPCH has committed to actively promote and support breastfeeding in their facilities, events and organisation, and it is imperative that the staff members working as part of child healthcare, are also actively supported.

Returning to work is a major factor in the early cessation for breastfeeding amongst Paediatric trainees, as is a perception that returning to work is not conducive to continuing to breastfeed. Better support for breastfeeding mothers, both in terms of provision of information prior to return, and changes to the workplace should be considered to help the RCPCH achieve its aim to actively support its staff in continuing to breastfeed their own children.
London Hospital, Tavistock and Portman NHS Foundation Trust), 6) Addenbrooke’s Hospital, 7) Norfolk and Norwich University Hospitals, 8) Birmingham Women and Children’s, 9) Nottingham Children’s Hospital with Leicester Royal Infirmary, 10) Sheffield Children’s Hospital, 11) Alder Hey Children’s Hospital, 12) Manchester Children’s Hospital, 13) Royal Preston, 14) Leeds Teaching Hospital, 15) South Tees Hospital

**Aims** The incorporation of paediatric clinicians (paediatricians and paediatric Advanced Nurse Practitioners (ANPs)) into NHS 111 Clinical Assessment Services (CAS) during a pilot in 2020 led to higher rates of self-care outcomes (dispositions), with fewer referrals on to Emergency Departments (ED), primary care and ambulances. It was recommended that future work evaluate the impact of a national NHS 111 Paediatric Clinical Assessment Service (PCAS), staffed by paediatric clinicians, to which specific case types are streamed. Objectives were to describe:

- The number of referrals received in the PCAS since its establishment;
- Emerging disposition trends for Symptom-Group (SG)-matched calls taken in the PCAS versus (vs) the Integrated Care 24 (IC24) CAS.

**Methods** A PCAS was established on 3rd August 2021, hosted by IC24, to manage a selection of calls (from children and young people <16 years old) from 16 different NHS 111 providers across England over set shift times (4pm-10pm). The dispositions of SG-matched calls taken in the PCAS vs the IC24 CAS (for <16 year olds over the same shift times) were recorded. Outcome dispositions included referral to 999/ambulance services, the ED, a primary care provider, parent/community nurse visiting services, paediatric assessment units, and NHS commissioned (either in part or completely).

**Results** 27 paediatric clinicians (trainees/clinical fellows with MRCPCH and Consultants) worked within the PCAS between 3rd August 2021 and 30th January 2022. Over this time period, 5665 calls were taken by paediatric clinicians in the PCAS, which were SG-matched to 909 calls (taken over the same shift times) in the IC24 CAS. The breakdown of the IC24 CAS staff professional background was: General Practitioners (64.4%), Advanced Nurse Practitioners (29%), Urgent Care Nurse Practitioners (4.1%), Pathways Clinicians (1.7%), Paramedics (0.7%) and Pharmacists (0.1%).

The average consultation time in the PCAS group was 16.5 minutes vs 15 minutes in the IC24 CAS group. The average age of patients in the PCAS group was 17 months vs 12 months in the IC24 CAS group. 50% of patients were under 1 year of age in both the PCAS and IC24 CAS groups.

Overall, disposition rates differed significantly between SG-matched calls taken in the PCAS (vs) IC24 CAS: 49% vs 25% were advised to self-care only (p<0.01), 19% vs 7% to attend ED (p<0.01), 0.5% vs 1% to 999/ambulance (p<0.05), 31% vs 65% to primary care (p<0.01), and 1% vs 2% to other services (p<0.01).

**Conclusion** Emerging data shows that when calls are matched by SG, those taken by paediatric clinicians in the PCAS are more likely to result in a self-care disposition compared to those taken in the IC24 CAS by non-paediatric specialist professional groups, diverting patients away from ambulances and primary care. Further evaluation work will include in-depth patient feedback and data linkage to understand patient behaviour following a consultation in the PCAS (vs IC24 CAS).