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WE ARE STILL NOT DOING ENOUGH TO ADEQUATELY SUPPORT PARENTS IN THE POSTNATAL PERIOD: ACUITY OF PRESENTATIONS TO A&E IN UNDER 6-MONTH-OLDS

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Aims There has been a 70% increase in infant attendance to A&E across England in the last decade, much of it non-urgent, highlighting the need to improve parental confidence and services for infant care.¹ The purpose of this audit was to define the frequency of, and reasons for, such A&E attendances, with a view to informing the development of local targeted support for parents of young infants. Thus, aiming to reduce the number of non-urgent A&E attendances and improving the care and cost efficiency of the department.

Methods An e-Audit of the A&E IT system indicated 264 presentations to our hospital Paediatric A&E in August 2021 by infants under 6 months of age. A random selection of 50 of these were analysed for multiple variables including presenting complaint, level of acuity at triage, duration of A&E visit, investigation (Y/N), treatment (Y/N), admission (Y/N), and diagnosis.

Almost a quarter of patients (22%, n=11) were coded as 'well baby' or 'no abnormality detected'. Of these 11 attendances, the presenting complaint ranged from reduced feeding, umbilical cord queries, to bowels not opening. 9/11 were 32 days of age or less at presentation and none required admission or treatment. A fifth of presentations (n=20) occurred on a weekday during working hours (09:00-17:00). The duration of each visit to the A&E department ranged from 26 minutes to 357 minutes (median 153 minutes).

Conclusion Our findings demonstrate that a significant proportion, one fifth, of presentations to paediatric A&E are low acuity concerns in infants less than 5 weeks of age, which do not require investigation, treatment, or admission to hospital. These observations support the need to review the effectiveness of services which provide parents with self-care advice and reassurance for common neonatal issues. This data has led us to trial a two-phased antenatal and postnatal educational intervention delivered by midwives, health visitors and paediatricians.

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EMBRACING CHANGE IN ACUTE HEALTH SETTINGS: PATIENTS' EXPERIENCE OF A POP-UP DAY CARE UNIT IN A NIGHTINGALE HOSPITAL

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Aims The coronavirus disease (COVID-19) pandemic imposed unprecedented disruption to global health care service delivery. Healthcare settings had to rapidly implement social-distancing measures to reduce disease transmission, primarily prioritising emergency treatment over routine care. The impact upon paediatric ambulatory care settings was considerable, forcing hospitals to restructure traditional provision and to explore new initiatives.

A pop-up paediatric day care unit was set up at the Nightingale Hospital, Bristol (NHB). This temporary unit aimed to mitigate against anticipated delays in diagnosis and treatment for children with allergic disease and inflammatory bowel disease.

The aim of this study was to collate patients' and family/carer's experience feedback in order to understand the acceptability and viability of these innovative initiatives for ambulatory care in alternative settings, outside acute hospitals.

Methods A 12 bedded area Day Care Unit was developed at the NHB. The Day Care Unit operated fortnightly between December 2020 and March 2021, supporting patients from the paediatric allergy and the paediatric gastroenterology specialities.

Patients were carefully selected following strict criteria. At the end of their test/treatment, patients and carers were invited by their named nurse to complete an evaluation via an online form.

Results 72 responses were collated. The children underwent a range of procedures from: supervised feeds, food challenges, sublingual immunotherapy, omalizumab injections, infliximab infusion, outpatient appointment, skin prick test and flu vaccination. 23 (31.9%) of the patients had to drive less than 5

Abstract 874 Table 1 Summary of patient demographics

Patient characteristic	Number of patient presentations (%)
Ethnicity	
Not stated	16/50 (32)
Black African	3/50 (6)
Chinese	1/50 (2)
Indian	8/50 (16)
Pakistani	3/50 (6)
White	1/50 (2)
White British, mixed British	2/50 (4)
White Irish	1/50 (2)
Any other Asian background	7/50 (14)
Any other mixed background	1/50 (2)
Any other white background	7/50 (14)
Age at presentation	
<7 days	6/50 (12)
7-28 days	14/50 (28)
>28 days	30/50 (60)
Gestation at birth	
37 weeks	4/50 (8)
38 weeks	13/50 (26)
39 weeks	10/50 (20)
40 weeks	8/50 (16)
41 weeks	5/50 (10)
"Term"	6/50 (12)
Unknown	4/50 (8)
NICU/SCBU admission	
Yes	3/50 (6)
No	32/50 (64)
Unknown	15/50 (30)

Table 1 Summary of patient demographics.

Results Data was collected from a varied sample of patients of different ages and ethnic backgrounds (see table 1). The vast majority were triaged as '4 - Standard level emergency care' (n=37, 74%). 17/50 (34%) had an investigation performed and 6/50 (12%) received treatment. Only 10% (n=5) required admission, and 1 patient was transferred to a different hospital for a review by a surgical subspecialty. Common diagnoses included bronchiolitis, respiratory tract infection, and reflux.

miles to the NHB, 33 (45.8%) drove 5-10 miles and 16 (22.2%) more than 10 miles.

All responses (72) found NHB acceptable and 70 (97%) would be happy to return. 63 (90.3%) would prefer to attend the NHB or had no preference for their appointments. All comments were positive focusing on good management and organisation as well as on the friendly, calm and safe environment. Families particularly valued the close and free parking. Any negative comments related to the signposting to venue, the lack of catering facilities and the number of toilets.

Conclusion Alternative ambulatory services have been a successful means of managing a potential crisis in access to healthcare. The pop-up service model was highly acceptable to families and provokes consideration of the need to investigate future similar initiatives as potential alternative models to maximise capacity in acute settings. It was an environment in which families felt safe and well-cared for, was more easily accessible than a city centre busy hospital and allowed the clinical team the opportunity to work more closely than usual. This highlights the need for selected hospital services to consider looking further afield in order to ensure the provision of equitable healthcare in line with the NHS Forward plan.

1143 SETTING UP A POST COVID-19 SYNDROME SERVICE FOR CHILDREN AND YOUNG PEOPLE ACROSS LONDON – A COLLABORATION ACROSS THREE TRUSTS

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Aims Describe an interdisciplinary hub and spoke healthcare model for children and young people (CYP) with Post COVID-19 Syndrome

Methods From November 2020, with NHS London and NHS England support, clinicians and AHP chief with backgrounds in infectious disease, adolescent medicine and psychiatry from across trusts in London collaborated to set up a hub and spoke model for delivering care to CYP with post COVID-19 syndrome. This was an iterative process with involvement of patient cohort.

CYP are referred into a central weekly virtual multi-disciplinary 'hub' meeting for discussion with specialists across infectious disease; respiratory; rheumatology; neurology; chronic conditions (including ME/CFS); mental health; and allied health practitioners (AHP) with experience of rehabilitation including occupational therapists, and physiotherapists, dieticians, safeguarding practitioners. The groups has a diversity lead. The group has regular evidence-based CPD.

Referrers (local paediatricians or GPs for 17-18 year olds) present patient to the MDT for discussion of diagnosis, investigation and management.

Website-housed referral pathways including recommended baseline assessments are provided for referrers. A developing group of local integrated care service paediatric and AHP

champions support local management, pathways and education around post COVID-19 syndrome.

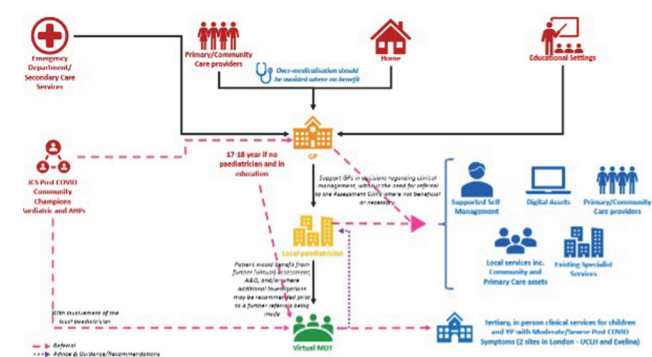
Patients follow one of two pathways:

1. Local management, using already available services which the MDT support
2. Face-to-face interdisciplinary consultation and rehabilitation for severe or complex cases.

Local support MDT discussion, and advice to local team with letters to patients outlining impression and advice; school adjustments letters; leaflets for health professionals and CYP/family across a range of known Post COVID symptoms and difficulties.

AHP delivered virtual groups and webinars include pacing; emotional wellbeing; symptom management; eating, and sleep.

As the first established post- COVID-19 service for CYP in England, we have led and supported the development of 14 other MDTs nationally.



Abstract 1143 Figure 1 Model of care for hub and spoke approach to Post COVID-19 syndrome management across health services for children and young people

Results Between 1st April 2021 and 1st February 2022 89 patients were referred to the virtual MDT. All have received information leaflets to aid recovery. 25 CYP/families have attended the virtual groups so far. 57 CYP have received an interdisciplinary consultation and received bespoke MDT input. (see table 1)

Abstract 1143 Table 1 Patients being discussed at virtual MDT compared to face-to-face specialist appointments by month

	Dec 20- July 21	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	TOTAL (to date)
Virtual MDT started April 2021	27	3	11	7	10	11	8	12	89
Specialist team input across 2 hospital sites.	23	2	2	3	6	12	3	6	57

Evaluation of the cohort, and referrer and patient experience has been commenced.