Neonatal data included gestational age, birth weight, gender, mode of delivery, Apgar scores at 1 and 5 minutes of life, early or late onset sepsis, necrotizing enterocolitis (NEC), intraventricular haemorrhage (IVH), TORCH infections, asphyxia, bleeding site, were collected. The likely cause of NT, Day of life (DOL) of onset of NT, resolution >150 000, Nadir of platelet count (mean) and severity of NT were collected. Early onset NT is onset <72 hours and late onset NT as onset >72 hours.

Results Total of 5196 live-born neonates were studied, 73 (0.014%) were found to have NT. The incidence was higher among Very Low Birth Weight (VLBW, <1500 g) (29.1%) and preterm <32 weeks (27.7%). Significant maternal factors for NT included higher maternal age (33.3 years vs 31.6, $p=0.02$) and pre-eclampsia (9.1% vs 3.9%, $p=0.02$). Significant neonatal factors included being prematurity <32 weeks (58.9% vs 2.6%, $p=0.000$), birthweight <1500 g (57.5% vs 19.9%, $p=0.000$) and lower mean Apgar scores at birth ($p=0.000$). Total of 41/73 (56.1%) infants required platelet transfusions. NT that were transfused versus not transfused, other than maternal pre-eclampsia (24.4% vs 12.5%, $p=0.242$), the rest of the factors listed above were found to be statistically significant.

For the first onset of NT, majority of transfused infants had early onset thrombocytopenia (53.6% versus 62.5% in the non-transfused population, $p=0.448$). The mean day of onset of NT was 3.9 days in the transfused population and 2.9 days in the non-transfused population.

Majority had mild thrombocytopenia, not transfused, resolved in the first week of life. the predominant causes were mostly maternal factors pre-eclampsia, maternal Idiopathic Thrombocytopenia or IUGR secondary to placental factors. In infants whom were transfused, predominant factors included severe sepsis, especially gram-negative sepsis, Pulmonary Haemorrhage and NEC, Cytomegalovirus (CMV) infection, clinical sepsis and unknown cause. There were higher morbidities like IVH, BPD and ROP, death in transfused NT, but was not statistically significant difference. Only one infant required IVIG due to neonatal alloimmune thrombocytopenia.

Conclusions The incidence of NT was 0.014%, is higher at 29% in VLBW cohort and 28% of preterm born with GA of <32 Weeks. The significant maternal risk were pre-eclampsia and maternal thrombocytopenia. The significant Neonatal risk factors were asphyxia, lower GA, birth weight, SGA. In infants with thrombocytopenia that were severe and transfused, additional causes included severe sepsis, especially gram-negative sepsis, NEC and CMV infection

243 TWELVE YEAR REVIEW OF GRADE 4 IVH (EXTENSIVE AND LOCALISED) WITH OUTCOMES

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Background Intraventricular Haemorrhage (IVH) is bleeding into the ventricles and is common in preterm neonates. An increasing grade of IVH is associated with poorer neurological outcomes. Bilateral Grade 4 IVH is associated with the poor prognosis and high rate of cerebral palsy. However recent research has shown that infants with unilateral grade 4 lesions had improved cognitive scores and better overall neurodevelopment outcomes.

Objectives To retrospectively assess outcomes at 2 years according to degree of severity of Grade 4 IVH in preterm infants.

Methods Design: Single-centre tertiary neonatal unit. 64 infants admitted between 2006 and 2019 confirmed to have IVH with parenchymal infarction (Grade 4 IVH).

Method: Extent of infarction (PVHI) was further graded into 'localised' or 'extensive' (Volpe 2017). Two-year follow up for the inborn infants - Health Status Questionnaire, Schedule of Growing Skills, CP classified by site and GMFCS. **Results** Overall mortality 40/64 (63%) - localised group 10/21 (48%); extensive 30/43 (70%).

Mortality was significantly higher in the extensive infarction group ($p<0.05$).

No infants with bilateral parenchymal infarction survived to discharge ($n=8$).

Shunt placement in 4 (all extensive). 17/47 inborn survivors (8 extensive, 9 localised).

Two-year outcome data cognitive assessment was available for 10/17. Further information available on 4 others (not yet 24 months).

All infants with extensive infarction had CP (5/5). Localised infarction CP in 3/9 (33%) ($p<0.05$). Cognitive outcomes ($n=10$): Normal in 1/3 of extensive group, 6/7 localised group.

Overall disability ($n=14$): Free of disability in localised group 5/9 (55%), extensive: 0/5 (0%).

Severe disability in localised group 0/9 (0%), extensive 2/5 (40%)

Conclusions Although having a Grade 4 IVH still carries a high mortality rate, significantly better outcomes were seen with a localised Grade 4 IVH, important information in making critical care decisions.

244 IMPLEMENTING A TELEPHONE TRIAGE SERVICE FOR ACUTE GENERAL PAEDIATRIC REFERRALS FROM PRIMARY CARE IN A TERTIARY PAEDIATRIC HOSPITAL

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Background The General Paediatric Service at our Hospital is extremely busy, often with more than 70 inpatients under the team each day during months of peak activity and over 40 new acute telephone referrals from Primary Care daily. The number of children attending acute services at the hospital has been increasing annually and the Emergency Department will often have more than 300 attendances in 24 hours in winter months. This activity level means there is a significant pressure on inpatient beds and effective patient flow through the hospital is essential. During the ongoing COVID19 pandemic, there has been pressure on acute NHS services, which has driven the need for new innovative ways of working.

Objectives We aimed to ensure that all acute referrals to the General Paediatric Service were triaged via telephone by a senior paediatric clinician (registrar or consultant). The primary aim of this service was to ensure that children were streamed to the appropriate location, to be seen by the appropriate team at the appropriate time. Secondary aims included improving the interface with primary care and instigating pre-hospital management for patients streamed into outpatient services.

Methods A General Paediatric telephone triage was introduced, operating for 12 hours each day (9am–9pm) 7 days per week. This service was staffed by senior paediatric clinicians and received calls from GP surgeries, NHS24 and COVID assessment centres. The clinician delivering the service discussed all acute referrals with referring clinician and was able to offer immediate advice with regard to most appropriate management. Data from each acute referral received including the outcome of the call was collected prospectively.

Results Data has been collected for 2834 acute referrals to our Paediatric Telephone Triage service from its establishment in March 2020. Of these calls, 57% (1627) had been seen in a face-to-face consultation with their GP prior to referral.

We found that following telephone triage with referring clinician acute attendance and assessment was not required in 972/2834 (34%) cases. In 447/2834 (16%) cases it was felt that the child did not require assessment in secondary care at all and the GP was provided with advice in relation to ongoing management. In 128/2834 (4.5%) referrals the child was streamed into General Paediatric clinic (including utilisation of rapid access and urgent telephone consultations). The remaining calls resulted in patients being seen in primary care facilities (including COVID assessment centres) or being streamed to other specialities within the hospital.

Conclusions Implementing a telephone-based triage service for paediatrics has reduced unnecessary unscheduled care attendances. Primary Care access to a senior paediatric clinician by telephone has had a positive impact on the number of children being referred for acute assessment. Utilisation of Rapid Access Clinics and urgent Telephone Consultations can help ensure that children are seen in a timely fashion and help reduce pressure on front door services.

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DIAGNOSIS OF UNILATERAL CEREBELLAR HYPOPLASIA IN 10 YEAR OLD CHILD FOLLOWING REFERRAL FOR AUTISM SPECTRUM DISORDER ASSESSMENT

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10.1136/bmjpo-2021-RCPCH.137

Background A 10 year old only child of Polish parents was referred via the concerning behaviours pathway to assess her for developmental impairment. Her medical history was complex, beginning with being born prematurely at 23+4 weeks of gestation. Despite follow up until the age of 5 years she did not meet criteria for further investigation or follow up at the time. Investigations by community paediatrics revealed significant organic neurological abnormalities as well as important psycho-social issues, culminating in a diagnosis of both Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD).

Objectives Interesting case highlighting important aspects of Community Paediatrics.

Methods The child was seen by the community paediatrician, who listened to concerns of her parents, looked back in depth at the patient's history and referred onto the relevant teams for assessment of her needs.

Results The community paediatrician was an advocate for the patient and parents in obtaining the support she needed for her education and development. When requests were denied for an Education, Health and Care Plan (EHCP), and a speech and language assessment referral rejected due to the

child being bilingual, the community paediatrician was able to work alongside a Special Educational Needs and Disabilities (SEND) advocate to access these for the patient.

Despite support from her parents, she had struggled in mainstream school - not only with impairment in gross and fine motor skills, but also with cognition. She had low self-esteem and found making friends hard. Due to the Covid19 pandemic she had home-schooling and the combination of increased supervision, working at her own pace and reduced pressure on social skills she had been thriving. However the pandemic has delayed assessment by speech and language, occupational and physical therapy.

Following discussion of parental concerns regarding cerebral palsy, and having a grossly normal neurological examination, an MRI was requested which showed almost complete absence of the left cerebellar hemisphere thought to be as a result of perinatal insult. Armed with MRI results the child was found to have an abnormal cerebellar examination.

Conclusions This important case highlights the benefits of a multi-disciplinary team working closely with school and family. This case demonstrates the central role of the community paediatrician in providing holistic care of patients and how they are well placed to advocate for such patients and their families. This patient was referred for ASD assessment, but for this patient ADHD and ASD are part of her picture, but not the only concern.

Importance of investigating based on new assessment is highlighted. Despite MRI previously being felt unnecessary, it revealed important findings which will help to more thoroughly understand her needs. Previous assessment may lack vital information or the patient's presentation may have evolved.

This case also illustrates possible health inequalities for patients for whom English is not their first language. Language barriers are associated with inequalities in access to and quality of healthcare delivered and may have contributed to the late diagnosis of cerebellar hypoplasia. It would be interesting to see if cultural differences could also have had an impact.

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POST COVID-19 LOCKDOWN 1.0 RAPID HEALTH SERVICES EQUITY ASSESSMENT FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

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Background The COVID-19 Pandemic has amplified the pre-existing health and social inequalities in our society. The impact of the pandemic, from both direct and indirect consequences, on children and young people (CYP) with special educational needs and disability (SEND) is likely to be huge.

Objectives In partnership with an inner-city London council we conducted a rapid health services equity assessment with the aim of understanding the impact of the COVID-19 pandemic and associated first lockdown (23/03–01/06/20) on CYP with SEND and their families attending our health services. We sought to understand how their mental and physical health, accessing services, education, social connectedness and household financial security had changed as a result of the pandemic. The findings would help us understand the broader