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.