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.

245 **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.

246 **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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10.1136/bmjpo-2021-RCPCH.138

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