

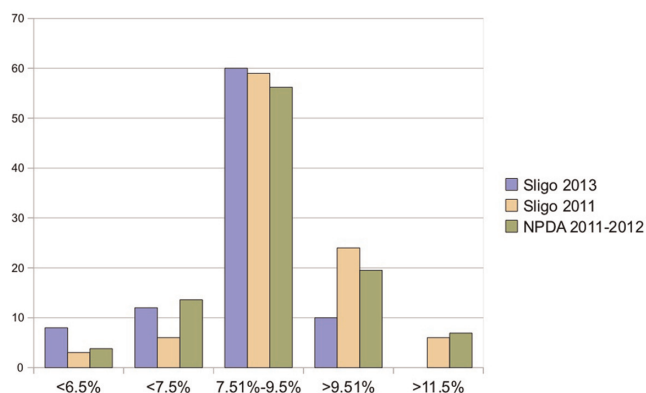
included. Exclusion criteria were those who had annual review scheduled at a tertiary centre. Data were collated from retrospective chart review.

Results In our cohort of 50 patients, HbA1c results reflected significant improvement from 2011 levels (see Graph 1). The complication rate was found to be comparable to International Standards (5,6) (see Table 1). There was no improvement in the key care processes performed (see Table 2).

Conclusion Our improved HbA1c results reflect the increased frequency of appointments and use of basal bolus regimes.

REFERENCES

- 1 NICE 2009
- 2 NPDA 2009–2010
- 3 NPDA 2011–2012
- 4 IDF/SPAD 2011 Global Guideline for diabetes in childhood and adolescence
- 5 Maïke C *et al.* Prevalence of diabetes complications in adolescents with type 2 compared with Type 1 Diabetes.
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Abstract PO-0955 Graph 1

Abstract PO-0955 Table 1

Complication	Yes	No	Unknown	Incidence	Rate of >6yrs	IS ⁷	IS ⁶
Retinopathy	12%	34%	54%	26%	24%	12%	20%
Neuropathy	2%	38%	60%	5%	0%	14%	27%
Borderline AER/ Microalbuminuria	6%	40%	54%	13%	0%	30%	6%
Hypercholesterolaemia	22%	54%	24%	40%	28%	0%	0%
HTN	10%	66%	24%	13%	14%	0%	16%

Abstract PO-0955 Table 2

Key care processes	Sligo 2013	Sligo 2011	NPDA 2011-2012	NPDA 2009-2010
Hba1c	96%	100.00%	89.30%	90.10%
BMI	92%	0.00%	64.70%	70.20%
Foot exam	28%	0.00%	34.40%	24.50%
Eye screening	58%	65.50%	36.90%	25.80%
BP	78%	86.20%	67.70%	58.80%
Serum creatinine	88%	100.00%	n/a	n/a
Urinary albumin	50%	86.20%	40.70%	36.50%
Serum cholesterol	72%	75.90%	44.40%	29.90%
% with all care processes	8.00%	N/R	6.70%	4.10%

PO-0956 PAEDIATRIC PRIMARY CARE: NEED FOR A CHANGE? A VIEW FROM THE NORTH EAST OF ITALY

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10.1136/archdischild-2014-307384.1576

Background and aims In Italy and throughout the world, increasing importance is being given to primary care with a noticeable shift of interest towards the "territory" and the need to re-think global paediatric assistance.

Methods On the basis of F.I.M.P.-FVG data, we examined the organisation and critical points of primary paediatric care, currently identified in Italy with Family paediatrics.

Results FVG is a region with 1,200,000 inhabitants, 124 family paediatricians (pdf) and an average number of 938 patients/pdf. These are organised as single pdf (74), in association (29), in group practices (21). Critical points: new sanitary duties (i.e. high percentage of immigrants with social integration difficulties, complex psychological problems, necessity to cover some second level services especially concerning the management of children affected by chronic pathologies, etc.), difficulty to maintain the traditional relationship of doctor/patient trust in large groups of pdf practices, progressive reduction in numbers of pdf whose average age is around 55.

Conclusions The broadening of paediatric primary care requires a re-definition of the "mission" of the doctors working in the area not only regarding duties of care, but also of training and scientific research, with special attention to identifying the new assistance needs. Furthermore, when faced with duties of ever-increasing responsibility, the current organisation could prove to be insufficient and the nurse will have to take on an increasingly important role with a larger number of duties taken over. The number of nurses should probably be at least 1 nurse for every 400 children.

PO-0957 WITHDRAWN

PO-0958 10-YEAR INPATIENTS DISEASE AND TRENDS

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10.1136/archdischild-2014-307384.1577

Background To analyse the major health problems and trends among hospitalised children in a medical centre from 2003 to 2012

Methods We retrospectively reviewed all records of patients younger than 18 years who admitted to the Chang Gung Memorial's Hospital between January 1, 2003, and December 31, 2012. The study was composed of categories about the diagnosis, age and gender. We collected and utilised data to examine the leading diagnostic categories and trends by age in the 10 years period.

Results Children had age differences among hospitalised diagnoses categories. Prematurity or condition from the perinatal periods and congenital anomaly were the top two hospitalised disease categories in newborn. Acute respiratory tract infection was the major diagnoses category in infant. Acute intestinal infectious disease was the top diagnosis in children aged between 1 to 2 years old. Pneumonia was leading diagnoses of children