

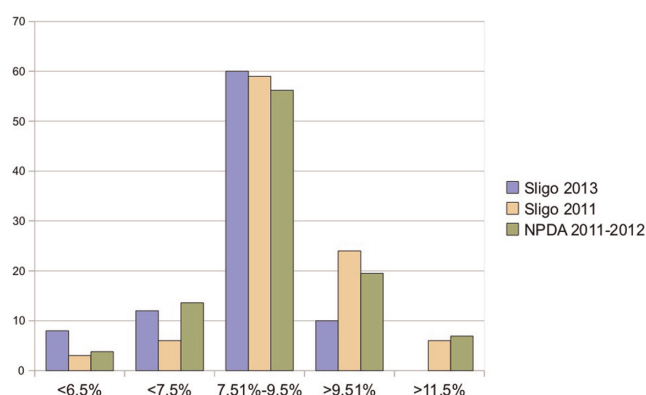
included. Exclusion criteria were those who had annual review scheduled at a tertiary centre. Data were collated from retrospective chart review.

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 Maik C *et al.* Prevalence of diabetes complications in adolescents with type 2 compared with Type 1 Diabetes.
- 6 Downie E *et al.* Continued reduction in the Prevalence of retinopathy in adolescents with type 1 diabetes. *Diabetes care*, 2011;34



Abstract PO-0955 Graph 1

Abstract PO-0955 Table 1

Complication	Yes	No	Unknown	Incidence	Rate of >6yrs	LS ⁷	LS 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

aged in 2 to 6 years and in 6 to 12 years. Fracture was the leading cause of adolescents aged in 12 to 18 years. Congenital anomaly decrease in infant stage but pneumonia still threatened children aged in 2 to 6 years and 6 to 12 years.

Conclusions The characteristics of major health problems were different among age variables in children. All health promotion programs and policies should effectively provide the respective services and measure the outcome efficiently.

PO-0959 UNDERSTANDING PARENT-PAEDIATRICIAN PARTNERSHIPS: THE FACTOR STRUCTURE OF THE PARENT PAEDIATRICIAN PARTNERSHIP SCALE (PPPS)

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10.1136/archdischild-2014-307384.1578

Background and aims This study was conducted as the second phase in the development of the Parent Paediatrician Partnership Scale (PPPS). Our objective was to identify the latent factor structure among thirty-two items relating to partnership between parents and paediatricians and identify the parent/child characteristics that were associated with each factor.

Methods Thirty-two items relating to partnership were administered to three-hundred and twenty five parents. The sample population was White (70.4%), had a family income of over \$35,000 (50.6%), had at least some college education (70.4%), and the index child was male (61.3%). About one-half of the parents were interviewed in a community practice (n = 157; 48.3%) and the remainder in sub-specialty clinics located in a children's hospital (n = 168; 51.7%). The 32 items were entered in a factor analysis that produced five clearly defined factors.

Results The factors included Parental Involvement (PI, 4 items), Paediatrician Sensitivity (PS, 7 items), Communication (Co, 4 items), Access (Ac, 2 items) and a broad Comprehensive factor (BC, 13 items). Parent/child characteristics and their use of the practice or clinic were examined for their bivariate relationships with each factor. Although several characteristics were associated with factors, setting (community practice or sub-specialty clinic) was the most robust characteristic, associated with four of five factors.

Conclusion Partnership between parents and their children's paediatrician involves several elements, including a paediatrician's willingness to provide a parent with the opportunity to be involved and a paediatrician's ability to have a non-judgmental attitude, treat parent and child with dignity, and have sensitivity to a parent's moods.

PO-0960 HOW ARE CLINICAL PRACTICE GUIDELINES PERCEIVED BY PHYSICIANS IN A MIDDLE EASTERN COUNTRY?

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10.1136/archdischild-2014-307384.1579

Background Clinical practice guidelines (CPGs) are proposals for clinicians about the care of patients and are usually described as 'systematically developed statements to assist practitioners and patients' decisions about appropriate health care for specific circumstances'.

Aims The aim of this study was to investigate the paediatricians' perceptions towards clinical practice guidelines at Hamad Medical Corporation (HMC) in Qatar.

Method A cross-sectional study was conducted at HMC between May and August 2013 using a validated self-administered questionnaire that was distributed to 240 paediatricians.

Results A total of 169 questionnaires were completed (response rate 70.4%). Our main finding was that paediatricians at all levels are familiar with CPGs and use them. In addition, our doctors believe that CPGs lead to good quality of care, are practical, provide standardised patient care, will keep them up to date, decrease the rate of litigation, are evidence based, do not restrict continuity of self-education, do not alter physician esteem, lead to improvement of outcome, and are practical. However, the perceived barriers are that they affect clinical judgment, don't match with paediatricians' practice style, and that they don't reduce healthcare cost.

Conclusions Paediatricians at HMC have positive practice and perception towards CPGs. The results of our study suggest that CPGs are likely to be implemented if more counselling and education are provided to paediatricians regarding the usefulness of evidence based guidelines. In addition a program should be initialized to remove barriers, while simultaneously addressing physicians' concerns.

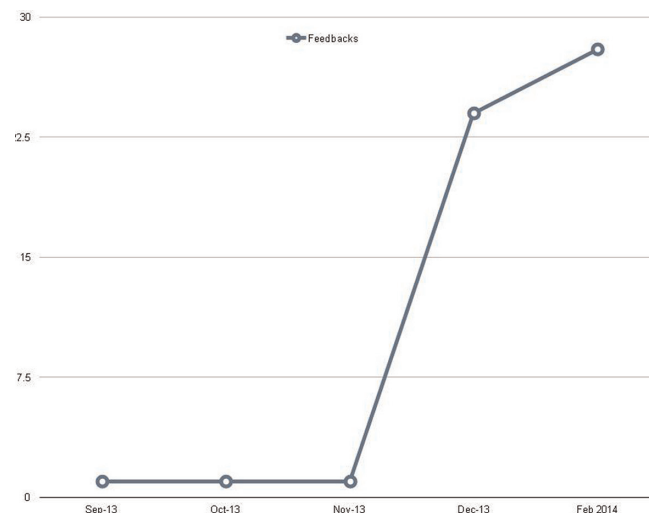
PO-0961 PATIENT FEEDBACK MATTERS-FACILITATING IN A PAEDIATRIC AMBULATORY UNIT SETTING

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10.1136/archdischild-2014-307384.1580

Background and aims Service review work in 2013 revealed that Ulster Hospital paediatric ambulatory unit was receiving low numbers of written feedback from families compared to paediatric and neonatal wards. Aims were to improve patient feedback in paediatric ambulatory unit and to utilise feedback to aid delivery of safe, high quality care.

Methods An anonymised feedback and comment card was given to all patients attending the unit over a 4 week period in December 2013. This card allowed parents and patients to rate 5 aspects of care (staff attitude, communication, response to / disruption to child's needs and respect) from 1(least satisfied) to 5 (most satisfied). Organisational strategies were put in place following the initial audit and cycle completed by re-auditing for 4 weeks in February 2014.



Abstract PO-0961 Figure 1