

assessed the patient was also categorised as trainee, GP or locum. Results: n = 15. Overall 13% referrals were appropriate, 33% inappropriate and 53% missed. 100% trainee referrals were inappropriate, 80% GP referrals were missed and 50% locum referrals were inappropriate. There was confusion about whether to refer to paediatric urology or paediatrics (40% and 30% respectively). 88% missed referrals related to atypical UTIs.

Conclusion NICE clinical guideline 54 is not easy to follow in a time pressured environment. This is evident across all grades of clinician. It was noted that patients presenting to out-of-hours or A&E often do not have a urine sample sent for culture, hindering decisions regarding referral and further investigation. There was confusion about whether to refer to paediatrics or paediatric urology. Atypical UTIs were most likely to be mis-managed. An intuitive UTI flowchart has therefore been designed to facilitate easier identification of children who require tertiary referral and hence improve management.

G306(P) RESEARCH AND PUBLIC AWARENESS PRIORITIES FOR SOUTH ASIAN CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES: A COLLABORATIVE PARTICIPATORY APPROACH TO PRIORITISATION

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Aims To undertake a prioritisation exercise involving healthcare professionals (HCPs) and South Asian (SA) families to develop child health research and public awareness agendas'

Methods A two-stage process was adopted. A HCP scoping survey was undertaken to generate topics important for SA child health (1) research (2) public awareness and (3) outcome indicators. Ranked lists were discussed in four focus groups of SA adolescents and families.

A Punjabi and Urdu speaking community facilitator moderated groups with a British Sign Language interpreter assisting in the deaf group. Concordant and discordant themes between HCPs and SAs were identified.

Results 27 HCPs participated in the survey. Table 1 summarises their priorities

Abstract G306(P) Table 1 Top HCP topics/outcome indicators

Topic	Indicators
Public Awareness	(1) Obesity and diet (2) Mental health illness recognition (3) Healthcare access and health seeking behaviour (4) Vitamin D and rickets (5) Routine health checks
Research	(1) Nutrition, obesity and physical activity (2) Diabetes (3) Healthcare access and health seeking behaviour (4) Health education (5) Parent-child relationships and child care dynamics
Indicators	(1) Growth, development and physical activity levels (2) Health knowledge (3) School attendance and literacy levels (4) Healthcare utilisation (5) Quality of life (QOL) scores

Abstract G306(P) Table 2 Topics prioritised/not prioritised by South Asians

Priorities	Not Priorities
(1) Concordance and shared decision making	(1) Genetic disorders and consanguinity
(2) Primary care access	(2) Diabetes
(3) Mental health	(3) Education/Literacy/School attendance
(4) Obesity and diet	(4) Parenting methods
(5) Blood and Organ donation	(5) QOL scores
(6) Alternative medicine effectiveness	
(7) Routine health monitoring	

35 individuals (Age range: 16–74 and UK stay length: 3–57 years) participated. Groups varied by settings (Inner vs. Outer city), religion, descent and disability.

Engagement was highest on public awareness and lowest on outcome indicators. Lack of awareness of research undertaken by funders (NIHR, Wellcome Trust, MRC) were cited. Table 2 summarises their priorities.

Conclusion Community engagement yielded research and public awareness priorities which differed with HCPs. In line with NHS England and NIHR national strategies, collaboration with communities whose views are not traditionally considered is essential to determine service and research agendas important to families, professionals and providers.

G307(P) EVALUATING AND REDUCING PAEDIATRICS MEDICATION ERRORS BASED ON TWO AUDITS. "A MULTIDISCIPLINARY APPROACH"

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Aims Medication errors occur and are more significant in paediatrics, despite standards being set on safe prescribing (BNF & Trust Prescribing Policy, 2007). Errors are frequent during prescribing, dispensing and administration of medications as shown by the EQUIP study (2009). We aimed to identify the incidence and types of medication errors and implement strategies to minimise these errors.

Method 1st audit – was carried out to assess prescription charts against thirteen Good Prescribing standards (BNFC), in the inpatient unit.

2nd audit – A retrospective analysis was done of all incident reporting on paediatric medication errors within the Trust, over a 17 month period (January 2013–May 2014). Different types of medication errors, their location and the severity scoring was identified. The results were compared with a previous similar audit carried out in January 2011–May 2012, after which several interventions were implemented to reduce these errors.

Results Most of "Good Prescribing Practice" standards were met (>80%), except for antibiotic indication and duration (Standard 13) (20%).

Total Trust medication errors in January 2013–May 2014 were 10%, out of which paediatric medication errors was 1/5th. Administration errors (47%) dominated followed by prescription errors (42%). 3% were dispensing errors. Commonest administration error was failure to administer a prescribed medication and the commonest prescribing error was failure to prescribe a recommended medication. Errors on inpatient wards exceeded OPD/Community.