potential risk. It is also our responsibility to educate families of the signs of hypoglycaemia so they can be aware, particularly in the younger children who appear to be at increased risk.

G417(P) DROPLET DIGITAL POLYMERASE CHAIN REACTION (DDPCR) ASSESSMENT OF DEEP MOLECULAR RESPONSE IN CHRONIC MYELOID LEUKAEMIA (CML)

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Molecular monitoring of BCR-ABL1 transcript levels is central to the effective clinical management of patients with CML. Standardised Real time quantitative PCR (RT-qPCR) is currently used to measure the depth and durability of molecular response and forms the basis of the European Leukaemia Net (ELN) treatment recommendations. Close monitoring of patients who come off treatment using maximum sensitivity techniques, is vital in order to ensure early therapeutic intervention, should a BCR-ABL1 clone re-emerge. However, RT-qPCR is susceptible to fluctuations at the limits of its sensitivity, thus limiting its accuracy in assessing complete molecular response. Droplet Digital PCR technology is a new digital PCR technique where the test sample into many individual real-time PCR reactions, where some reactions contain the target molecule (positive) while others (negative) do not. The proportion of negative reactions is used to calculate an absolute count of the number of target molecules in the sample, without reference to external standards. This method should therefore enable increased accuracy and absolute quantification of target molecules, in comparison to the RT-qPCR technique. The aim of this study was to assess the potential of Droplet digital PCR (ddPCR) to improve the sensitivity and precision of the assessment of deep molecular response in patients with CML. A series of 21 patients previously determined to have achieved major molecular response (MMR) using RT-qPCR, were retrospectively monitored for BCR-ABL1 transcripts using ddPCR. A comparison of BCR-ABL1 to ABL1 ratios obtained by ddPCR and RT-qPCR suggested that in 63% of patients ddPCR was more sensitive than RT-qPCR, while in 28% of patients BCR-ABL1 transcript levels were better detected by RT-qPCR. This study demonstrates that ddPCR has the potential to precisely measure changes in minimal residual disease at the limits of detection of current RT-qPCR assays. Assessment of deep molecular response using ddPCR will help to accurately discriminate patients achieving a sustainable response and could therefore be considered for treatment cessation studies from those patients in whom BCR-ABL1 transcripts are likely to re emerge.

G418(P) PAEDIATRIC ONCOLOGY JUNIOR DOCTOR CONFIDENCE SURVEY

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Aims Following a Paediatric Oncology MDT event reviewing themes of 'Teamwork and Integration' the department was keen to explore how confident trainees are at managing Oncology patients and how teamwork could be improved within the department.

Methods In October 2013 a Confidence Survey was disseminated to the current cohort of SHOs and SpRs. Confidence and support questions were answered on a scale rating system, and space given for additional comments. Results were analysed and change implemented in January 2014 with re-audit in August 2014.

Results Initial survey numbers were small with a poor response rate (39%). However in those that responded clear themes emerged.

No trainees were aware of when the Oncology MDT meeting occurs, and none felt part of the Oncology team. 66% of trainees felt Oncology teaching and clinical exposure failed to meet their curriculum needs.

In general the registrars felt more confident managing patients and reassuringly most felt supported by the team.

In the free-flow comments, there was demand to attend oncology clinics and spend more time on the Oncology Unit. Trainees requested teaching expansion beyond febrile neutropenia and to include practical advice regarding management plans.

Based on this feedback changes were implemented. This included clearer highlighting of the Oncology department, introduction of weekly ward round attendance for trainees including once a week grand round teaching, teaching sessions allocated to cover curriculum topics, introduction of weekend plan stickers and an individual patient summary front sheet.

Re-audit in August 2014 showed an improved response rate (50%). There was an improvement in awareness of MDT meetings and feeling of teamwork. 70% of trainees felt Oncology teaching and exposure met their needs.

Conclusions The changes clearly show an improvement in both confidence and feeling of support by the Oncology Team. By changing the clinical environment through introduction of daily ward rounds the team is better integrated and ad-hoc teaching has improved. The introduction of the summary sheets and weekend plans has helped on a day-to-day practical basis of managing patients, and has also helped junior doctors gain a better understanding of different conditions and specific management plans.

British Paediatric Allergy Immunology and Infection and British Association for Community Child Health

G419 "WE CAN'T CHANGE ANYTHING THAT'S HAPPENED IN THEIR PAST, BUT WHAT WE CAN DO IS HELP THEM WITH SOME OF THE INTERNAL MESS THEY'VE BEEN LEFT WITH TO DEAL WITH": HEALTHCARE PROFESSIONALS' EXPERIENCES OF THE INITIAL HEALTHCARE ASSESSMENTS FOR UNACCOMPANIED ASYLUM SEEKING CHILDREN AND YOUNG PEOPLE

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Currently 1,860 Unaccompanied Asylum Seeking Children and Young People (UASCYPs) are being "Looked-After" in England; NICE guidance on how best to meet their needs has called for cultural competency and highlighted a deficit in an applicable evidence-base. This study contributes to the evidence-base for the healthcare needs of UACYPs and factors which influence them within the context of the Initial Healthcare Assessment (IHA).

Methods Five in-depth interviews were conducted with expert healthcare professionals, identified via a purposive sampling technique. The interview transcripts underwent thematic analysis, and the findings were combined with that of the literature review to develop a Current Practice Survey. This was distributed to the 32 Looked-after Children's teams in the area. All the findings were synthesised to enable exploration of this complex area.

Results The combined findings of the in-depth interviews and current practice survey (response rate 47%) supported the existing evidence around the importance of infectious diseases, screening, health promotion, and psychological wellbeing. It also provided insights into parental consent as a barrier to immunisation, into risk-taking behaviour and the impact of the immigration process on all aspects of UASCYP's health and wellbeing. An understanding of the refugee experience was crucial; experience in country of origin, in flight, upon arrival in the UK and the possibility of return all impacted on physical, psychological, and social needs. Guidance, training, and resources were thought to be useful, but there was limited specialised training.

Conclusion and recommendations A socioecological framework for carrying out the IHA is proposed, which incorporates all these aspects, placing the child at the centre, and taking into account how their environment and life story impacts on health. Healthcare professionals have an important role in advocating for national and international policies that protect and promote the rights of UASCYPs.

G420 AN INTERIM ANALYSIS OF THE GO-CHILD BIRTH COHORT SHOWS A HIGH PREVALENCE OF NASAL SYMPTOMS IN 12 MONTH OLD CHILDREN

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Aims The aim of this report is to use the GO-CHILD birth cohort to map the prevalence of atopic diseases in children in the UK at 1 year.

Methods GO-CHILD is a multicentre prospective birth cohort study. 2135 infants were recruited antenatally and followed up by questionnaires to determine the prevalence of infections and atopic symptoms at 3, 6, 12 and 24 months. The 12 month questionnaire ascertains atopic symptoms within the first year of life.

Results From the 1226 1 year questionnaires that have been received, 1123 had been entered and analysed by 3/12/2014. 351 (31%) children had eczema and of these 169 (48%) had this condition for over 6 months. 176 (16%) had experienced dry cough unrelated to infection and 253 (23%) had experienced wheeze. Of those reporting wheeze, 243 (96%) had developed the wheeze during or soon after a viral infection, 161 (60%) had been prescribed salbutamol, 97 (39%) had attended their GP as an emergency and 47 (19%) had been admitted to hospital. 523 (47%) of the children were reported to snore at night and 252 (22%) had a runny or blocked nose unrelated to

infection: both symptoms are potentially indicators of allergic rhinitis. 187 (17%) reported a reaction to a food item, of which the most common was cow's milk.

Conclusion These interim results show a high prevalence of wheeze, eczema and nasal symptoms in 1 year old children. These data are in line with previous cohort studies. The Manchester Asthma and Allergy Study (MAAS) showed the prevalence of eczema to be 37% and wheeze to be 28% at 1 year. The ALSPAC study found the prevalence of eczema and wheeze to be 25.6% and 23% respectively between 6 and 18 months of age. However our study shows higher levels of upper respiratory symptoms than MAAS which showed a prevalence of 1–2% by 1 year.

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G421 THE CURRENT CAUSES AND RISK FACTORS FOR SUDI

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Aims Since 2008, in England, all unexpected child deaths undergo a multi-agency investigation with the aim of determining the complete cause of death; followed by review by local Child Death Overview Panels (CDOP). These new processes have yet to be evaluated. This study aims to determine the effectiveness of the multi-agency investigation and CDOP processes in ascertaining causes of death and risk factors following Sudden Unexpected Death in Infancy (SUDI) and to describe the profile of causes and risk factors.

Methods We obtained the dates of birth and death of all SUDI cases from one English region, dying between 1 September 2010 and 31 August 2012. We contacted all 10 CDOP for copies of individual case reviews completed using the standard CDOP Form C. We extracted the age, cause of death and presence of modifiable factors for each case from the Form C and created a total family and environmental risk factor score by totalling the risk factors.

Results Data were obtained for 65/70 (93%) SUDI cases. 20/65 (31%) deaths were due to medical causes; 21/65 (32%) due to SIDS and 24/65 (37%) classified as unascertained deaths. Reanalysis of case data suggested that 9 deaths were probably due to accidental asphyxia, with 6 of these involving parents co-sleeping with their infant after consuming excessive alcohol. Unascertained deaths had significantly higher total family and environmental risk factor scores (mean 2.6, 95% CI 2.0–3.3) compared to SIDS (mean 1.6, 95% CI 1.2–1.9), or medical causes for death (mean 1.1, 95% CI 0.8–1.3). 9/20 (47%) of medical deaths. 19/21 (90%) SIDS and 23/24 (96%) unascertained deaths were considered to be preventable. There were inadequacies in medical provision identified in 5/20 (25%) of medically explained deaths.

Conclusions The new multi-agency child death processes are effective at determining cause of death and risk factors for SUDI but potential asphyxia deaths may not be recognised. Most deaths labelled as unascertained fulfilled diagnostic criteria for SIDS. Many SUDI occurred in families with mental illness, drug or alcohol misuse and chaotic lifestyles and most in unsafe sleep-environments.