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Introduction As economic pressures increase, many primary care providers are restricting referrals to hospital. Evidence based guidance for such restrictions are difficult to find and there is a risk that patients with significant disease may have their diagnoses delayed or missed. We have worked with colleagues in primary care to produce a single page guidance sheet for doctors seeing children with common (and occasionally important) symptoms.

Methods We started with a common problem - the coughing child. Most children can be managed in the community, but some have important underlying diseases that need more specialised investigation and treatment. We developed three tools

1. an evidenced algorithm for referral, clarifying which features of the history and examination indicated significant or worrying disease,
2. recently published reviews that allowed professionals to read more on the subject,
3. good patient information that set out the principles of our advice.

These were reviewed and discussed at a joint meeting with primary care doctors and then the amended guidelines were disseminated.

Results The resultant guideline (one page with links to articles and information sheets) has been popular with primary care, and is available through the hospital website. It has been used in training. Involvement of primary care doctors has improved its credibility, and early analysis of referral patterns suggests that practices using the guidelines have a lower referral rate to secondary care than the local average, suggesting it modifies referral behaviour. We hope to employ the methodology in a wide range of common paediatric conditions.

1747 MATERNAL ACCESS TO COMMUNICATION IN HEALTH AND HEALTH CARE AND CHILDHOOD IMMUNISATION IN SELECTED PERI-URBAN SETTLEMENTS IN KUMASI METROPOLIS, GHANA

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The paper examines the effects of mass media health communication, specifically, maternal access and use of media communication in health and health care on childhood immunisation at the peri-urban settlements in the Kumasi metropolis. A sample of 240 mothers, drawn using random (chance selection) was used for the survey. The main research instrument was formal interview (face-to-face). Charts were used to depict the results whilst chi square tests, derived from cross-tabulation using the Statistical Package for Social Scientists (SPSS), were used to determine significant differences among the independent variables. Results show that children whose parents regularly access mass media health communication go through all or greater part of immunisation methods. Other factors that influence childhood immunisation are maternal age, schooling, employment, marital status and husband's education. For maternal access of health communication, the significant factors influencing it are maternal education, husband's education and marital status. Recommendations made to improve maternal access of childhood immunisation facilities and health communication include, compulsory education of the girl-child beyond basic education, informal education of illiterate mothers, provision of mass media health communication facilities such as television sets in the communities, enhancement of health communication at the hospitals, the simplification of the language used in health communication, and the regular use of local languages. Further research areas have been proposed.

1748 OPEN ACCESS TO HOSPITAL: A WAY TO IMPROVE CARE OF CHILDREN WITH CHRONIC CONDITIONS

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Background and Aims Children with chronic conditions have complex healthcare needs. They need a service which ensures easy access with continuity of care while providing co-ordination and support for self-management. Open access to hospital provides one such service and we reviewed our existing local practice to gain insight and improve our service.

Methods Study was conducted at Warrington General Hospital, which is a busy district general hospital in United Kingdom. This is a retrospective review of patients who have an open access to children's ward. Patient information regarding the lead consultant, diagnosis, management plan and advice available from open access folder were reviewed.

Results Total number of patients with open access to children's ward were 182. 95% had information regarding their diagnosis, 80% had named lead consultant. Only 35% had information on advice and management, and 30% had information regarding patient medication. There was overall poor documentation and poor information on patient details. It was also noted that there was no consistency by the consultants regarding the layout of the open access letter.

Conclusion Patient information and management plan were incomplete in majority. Our data shows the need to identify these children with chronic complex needs who can access hospital easily, have a system to keep up-to date information which will help in provision of better care and service, and share information among different professionals.

Based on these findings, we have made recommendations to improve the local practice and information management.

1749 SAFETY NETTING INFORMATION FOR THE ACUTELY SICK CHILD: SYSTEMATIC LITERATURE ON EFFECTIVENESS

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Background and Aims Uncertainty and anxiety surround parents' decisions to seek medical help for a sick child at home because parents are concerned not to miss serious illness whilst also not bothering the doctor unnecessarily. This dilemma leads to parents' desire for more information to support their decision making. Factors influencing the success of information resources need to be identified prior to the development of safety netting interventions for families. The ASK SNIFF team (Acutely Sick Kid Safety Netting Interventions for Families) aimed to review the literature on the effectiveness of existing resources to provide an evidence base for the development of safety netting information for parents to be used when determining to seek help for an acutely sick child.

Methods The initial stage of the project involved a systematic review using narrative analysis to identify influences on the effectiveness of information resources for parents caring for an acutely ill child at home.

Results A range of measures for effectiveness have been used in the literature which limits their comparison. Interventions that included information on more than one illness or symptom were found to be more effective. Parents were more likely to act on information provided to them in the community than in the emergency