fear of not gaining consent, due to a lack of understanding about radiation doses or not knowing how to present this information to parents/carers? We present information on radiation doses from different radiological images and propose a dose counselling model to help doctors overcome these challenges.

G293(P) DOES EVERY CHILD REFERRED TO PAEDIATRIC OUT PATIENTS NEED TO BE SEEN?

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Aims In the UK, the referral rate from primary care to General Paediatrics has drastically increased from 15.5 to 25.7/1000 children per annum¹. A Cochrane review identified that 'local educational interventions involving secondary care specialists and structured referral guidelines are the only interventions shown to negatively impact referral rates'².

This study investigated whether written dialogue with GPs could empower them to appropriately manage potential General Paediatric out patient referrals in the community.

Method A retrospective case note review of 300 referrals which were managed with individualised advice letters rather than out-patient appointments between October 2012 and March 2014 was conducted.

Results All children under the age of 1 were offered outpatient appointments. The distribution of age groups is illustrated in Figure 1. The system based referrals are demonstrated in Table 1.

84% (n = 253) of referrals were managed by a single advice letter. Within this group, only 26% (n = 66) were re directed to more appropriate services. Of the remaining 47 referrals, 38% (n = 18) were offered outpatient appointments after further telephone discussion with the GP; 57% (n = 27) were re referred after the GP received the advice letter. Of the patients offered out patient appointments, 40% (n = 19) were discharged after the initial consultation and 4% (n = 2) did not attend. No adverse outcomes were noted.

Conclusion This study demonstrates that through supporting GP colleagues, selected outpatient referrals can be appropriately managed in the community. In our trust 253 new General Paediatric appointments would represent 41 General Paediatric clinics. However the 'Payment by Result' offers perverse financial incentive to manage more patients in secondary care. If adopted regionally this approach would improve patient care in the

Distribution of Age Groups

Abstract G293(P) Figure 1 Distribution of age groups

Abstract G293(P) Table 1 System based referrals

System	Number (%)
Gastrointestinal	108 (36)
Nephrology/Urology	80 (26.7)
Generally Unwell	25 (8.3)
Neurology	22 (7.3)
Abnormal Results	19 (6.3)
Musculoskeletal	14 (4.8)
Respiratory/ENT	6 (2.0)
Cardiology	6 (2.0)
Puberty	4 (1.3)
Miscellaneous	16 (5.3)

community and free up Consultant time towards consultant delivered acute care.

G294(P) ONLY A QUARTER OF CHILDREN UNDER 5 YEARS HAVE EVER TAKEN VITAMIN D SUPPLEMENTS

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Aim It has been over a year since the RCPCH circulated interim guidance regarding vitamin D supplements in childhood recommending that breastfed babies from birth and formula fed infants from 6 months should receive vitamin D until 5 years old. Our aim was to assess the percentage of eligible children that take supplements and secondarily vitamin D intake in pregnant and breastfeeding women.

Methods We performed a prospective audit in children presenting to the paediatric assessment unit aged from birth up to 5 years from 20/09/14 for 2 months. We recorded: age, ethnic group, gestational age at birth, breastfeeding history, whether patients have taken or taking vitamin D and the indication for that. We also recorded whether the child belonged to a risk group due to prematurity, neurodisability or gastrointestinal problem and whether the child ever presented with seizures due to vitamin D deficiency.

Secondary outcomes were percentage of women taking vitamin D supplements during pregnancy and breastfeeding.

Results We recruited 158 patients with a mean age of 18 months, 57% were males and 33% were either Afrocaribbean or Asian. 15% of the children were at high risk: 13% due to prematurity and 2% due to neurodisability. At the time of the audit only 17% of children were taking vitamin D (image 1) and only 25% had ever taken vitamin D. Of those that were breastfed and less than 6 months 29% were on supplements (image 2); of those older than 6 months only 21% (image 3). Vitamin D was started by parents in 29% and the remaining majority by health professionals. Half of the mothers took vitamin D in pregnancy and only 20% during breastfeeding.

Conclusions Despite the circulation of the RCPCH guidelines to paediatricians only a quarter of children under five have ever been on vitamin D. All health care professionals in primary and