

Aim To evaluate the effect of targeted consultant time in sharing mental models with parents and nursing staff for children with medical complexity (CMC).

Background CMC are part of a mixed caseload covered by the acute paediatric team. We define them here as children with a length of stay ≥ 7 days with ≥ 2 system involvement. Feedback shows these children experience prolonged length of stays (LOS) with a need for coordination of care often between different teams. Parents have highlighted that that better communication with them, within teams and between different teams could improve their child's journey.

Methods All team members were briefed using written and verbal communication as were parents and children taking part. Patients were allocated a weekly slot over a four week period to meet with the MICMAC consultant and a member of the nursing team. Sharing of mental models was facilitated using a targeted proforma covering current expectations and barriers to discharge. The MICMAC consultant was briefed by the service team prior to the meeting and handed back afterwards. Qualitative feedback was obtained using structured debriefing interviews with ward managers and parents. Group debriefing sessions were carried out with the junior medical team and the consultant body covering key themes highlighted by the parental feedback.

Results A total of 12 patients with an average LOS of 90 days (range 13–241) over 6 wards were included. 11 consultants led a total of 34 meetings. 3 children were discharged home and 2 patients had withdrawal of care. A total of 6 nursing manager interviews and 9 parental interviews and one substituted lead clinician interview were undertaken. Debriefing of the medical teams was undertaken in 2 group sessions. Positive feedback was centred around improved coordination of care, understanding of overall direction and sharing of information.

Conclusions The CMC group is recognised as an expanding patient group. Key factors influencing their inpatient journey involve communication between caregivers and the responsible teams. We highlight how a simple targeted communication tool can improve quality of patient journey.

G302(P) OBESITY – WHY DO CLINICIANS STILL TURN A “BLIND EYE”

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Approximately 3 in 10 children aged 2–15 years are overweight or obese. This is concerning because weight problems in childhood often continue into adulthood. NICE guidance states that healthcare professionals should ‘aim to create a supportive environment that helps a child who is overweight or who has obesity, and their family, make lifestyle changes’.

Aims

1. Determine the prevalence of obesity amongst paediatric outpatients
2. Audit practice against NICE guidance
3. Collect qualitative data on clinician attitudes towards obesity

Methods This prospective audit assessed the weight, BMI, ethnicity and outcome of patients presenting to the paediatric outpatients department (POD) over a 10 week period. Patients were audited from all clinical specialities using the POD.

Overweight and obese children were identified as having a weight above the 91st and 98th centiles respectively and

underweight children a BMI below the 0.4th centile on the appropriate RCPC Body Mass Index (BMI) charts and growth charts. The only exclusion criteria were children under 2 and over 16 years of age. Qualitative data was collected via structured interviews with clinicians working in the POD.

Results 569 children were audited of which 407 met the inclusion criteria. The cohort's demographics were as expected for the area. The prevalence of overweight and obese children from this cohort was 14% and 11% respectively. Of those identified as either overweight or obese only 2% and 34% respectively were offered an intervention. Interventions included; advice, investigations, or referral. Interestingly all underweight children were investigated and given follow up support. Qualitative data from structured interviews demonstrated that clinicians were aware of obesity as a health issue but failed to act for a variety of reasons including a lack of time and for fear of damaging the doctor-patient relationship.

Analysis Clinicians are not complying with NICE guidelines for a range of reasons including; time constraints, a lack of training and concerns over damaging the doctor-patient relationship. We are currently training an obesity nurse specialist to support clinicians during outpatient clinics and to offer additional training and educational support with a view to changing clinician attitudes towards obesity.

G303(P) AWARENESS OF HEALTHCARE PROFESSIONALS ABOUT THE POSSIBILITY OF SUBSTANDARD MEDICINES

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Aims The number of reports per year by the MHRA of substandard medicines is rising. The aim of this study was to examine healthcare professionals' (HCPs) willingness to consider and report defective medicines. To gauge their awareness of reporting systems designed for HCPs to report defective medicines, issues related to medicine quality and the official online pharmacy logo (as the marker of legitimate online pharmacies).

Methods This pilot study involved HCPs (paediatric doctors, pharmacists, and children's nurses) and used self-administered questionnaires containing case scenarios derived from actual reported incidents. An invitation letter and questionnaire were sent to each doctor and nurse working at Derbyshire Children's Hospital, as well as pharmacist members of the Nottinghamshire and Derbyshire Local Pharmacy Forum.

Results 30 doctors (60% response rate), 31 pharmacists (2.7%), and 47 nurses (42%) responded, a total of 108 HCPs. Only 27 HCPs (23% doctors, 39% pharmacists, and 17% nurses) considered the possibility of manufacturer error when a medicine's defect was obscure (fentanyl transdermal system with manufacturer error causing excessive release of the medicine). Most HCPs (77%, 74%, and 66%) responded that they would report such an incident via the Yellow Card Scheme, established to gather reports of adverse drug reactions. Most HCPs (100%, 87%, and 81%) agreed with the statement that ‘medicines in the UK are manufactured to a high standard’, though more than one-third (40%, 39%, and 30%) believed that poor-quality medicines existed in the medicine supply chain in the UK. However, only 5% of HCPs were aware of the defective medicines reporting system and few (7%, 16%, and 6%) were aware of the official online pharmacy logo.