

Compared to the non-track process, the ASD track achieved 1) reduced default rates of 17.7%, 2) 45% reduction in psychological assessment duration, 3) 64.4% reduction in wait time for psychological assessment, 4) 63.3% reduction in ASD psychological assessment cycle time, 5) 32.8% reduction in ASD diagnostic process cycle time, 6) 28.1% reduction in clinic time usage, 7) enhanced case management and delivery of interim intervention services in family-centred manner.

(Illustration – Improvements of ASD Track from Old Process)

Conclusions The ASD track improved the diagnostic process and delivery of interim intervention service for Autism Spectrum Disorder in our department.

G457(P) WOULD SOME EMERGENCY ADMISSIONS FROM CHILDREN'S ACCIDENT AND EMERGENCY BE SUITABLE FOR CARE IN THE COMMUNITY?

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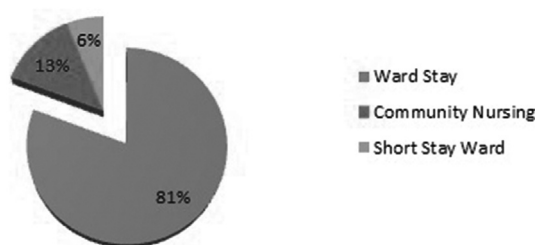
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There has been a sharp increase in short-term paediatric admissions over the past decade. Not only is this costly, but could also be detrimental to the children's health; increasing the risk of hospital acquired infections and impacting on their psychological welfare.

The Royal College of Nursing states that 'every child and young person has the right to expect care to be provided at home unless they need to be admitted to a hospital environment' (2009). The aim of this paper was to determine whether any patients either admitted from Children's A&E or invited to attend a Consultant/SpR led follow-up clinic would have been suitable for discharge and subsequent care at home by children's community nurses. Data was taken from emergency admissions from Children's A&E into the general paediatric ward for the period 1st May to 30th June 2014 (n = 114) and attendees to a Consultant/SpR led follow up clinic in paediatric A&E from 1st June 2014 to 30th June 2014 (n = 55).

It was found that 13% of admissions audited would have been suitable for care in the community, equating to 15 patients (Figure 1). An additional 25 patients invited to the follow up clinic would have also been suitable for community care (Figure 2). The skills required from the CCN's were identified; medication administration, recording observations, reassuring

Of the 114 admissions to Mountain ward that we audited, the appropriate management should have been...



Abstract G457(P) Figure 1 This graph shows the suggested management plan for the patients analysed as a percentage of audited emergency admissions to Mountain ward during the period 1st May to 30th June 2014

Of the patients attending a consultant/SpR clinic...



Abstract G457(P) Figure 2 This graph shows the suggested management plan for the patients analysed as a percentage of audited attendees to a Consultant/SpR led A&E follow up clinic during the period 1st June to 30th June 2014

and advising patients, performing investigations, changing dressings and relaying test results.

This audit identified an unmet need and showed that the introduction of a CCN service could reduce the number of acute hospital admissions as well as decrease the number of children returning to an A&E review clinic.

G458(P) CHILD SAFETY WEEK 2014: A QUESTIONNAIRE BASED SURVEY EXPLORING PARENTAL SAFETY PRACTICES AND THE IMPACT OF A COUNTY-WIDE SAFETY CAMPAIGN

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Introduction Unintentional childhood injury is a major public health problem associated with significant mortality. In Gloucestershire there have been several fatal accidents among children related to heavy furniture, blind-cords and nappy bags as well as potentially harmful practices such as co-sleeping. In recent years, UK injury prevention programmes have halved the number of childhood accidental deaths. There is evidence that community-based campaigns encourage positive behavioural change and can potentially reduce the number of injuries requiring medical attention. Our aim was to explore carer awareness of four specific hazards (nappy sacks, cord blinds, co-sleeping and heavy furniture) linked to paediatric deaths within the region through the use of questionnaires and a standardised educational poster display.

Materials and methods A standardised safety awareness poster board was designed using approved charity leaflets. Six-hundred poster packs were distributed to public centres in Gloucestershire. Additionally, a questionnaire was offered to carers of children attending the Children's centre of Gloucestershire Royal Hospital during Child Safety Week. It explored their current safety practices as well as thoughts on the usefulness and impact of the poster campaign.

Results We obtained 103 questionnaire responses over five days, 96% of which were from parents. Almost a quarter of respondents were unaware of accidental deaths relating to nappy sacks, although most (82%) kept sacks out of a child's reach. Of the 57 respondents who had cord blinds at home 26% did not attach safety devices. Despite prominent national campaigns deterring co-sleeping, 42% of all respondents had co-slept with their children when aged less than one year old. Two-thirds

(67%) reported securing large furniture items in place within their home. Many parents were aware of the hazards highlighted (average 1–10 scale rating, 8.2), and found the campaign useful (average 1–10 scale rating, 7.3). In 50% of cases the potential to alter current practices perceived by carers was encouraging (average 1–10 scale rating, 5.3).

Conclusion A poster campaign highlighting hazards implicated in local deaths is deemed useful by parents. Further work through the use of focus groups and parental communication is required to identify how best to promote safety practices for future campaigns.

G459(P) IMPROVING THE INVESTIGATION OF UNEXPECTED INFANT DEATHS

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Aims Since 2008, in England, all unexpected infant deaths must be investigated jointly by police, health and social services. This study aims to learn of bereaved parents' and professionals' experiences of this joint agency approach (JAA) as well as assess the effectiveness of the JAA in determining causes and risk factors for deaths and use this knowledge to improve professional practice.

Methods

1. A mixed methods study of JAA investigation of SUDI cases in one English region; involving case note analysis, questionnaires and in-depth interviews with bereaved parents and the relevant professionals.
2. A descriptive study of outcomes of JAA SUDI investigation using Child Death Overview Panel (CDOP) data.

Results 23/111 families were recruited giving theoretical saturation. The median time between infants' deaths and parental study participation was 33 weeks; data collection took place between 2011–3. 25 professionals were interviewed. CDOP Form Cs were obtained for 65/70 (93%) SUDI cases dying during 2010–2.

Non-specialist police often arrived at the parents' home along with the ambulance; increasing parental distress.

Parents felt that the JAA provided information about why their baby died but offered minimal emotional support.

The joint home visit by police and paediatrician is a key investigative process and most parents found this helpful. Final case discussions were used to discuss relevant risk factors but not to determine the cause of death; in nearly all cases the final cause of death relied on post-mortem examination alone ignoring findings of death scene examinations. Many deaths fitted the diagnostic criteria for SIDS but despite this were labelled as unascertained.

Social care were only involved in 13/23 JAA investigations, in two cases without involvement there were safeguarding concerns.

Some Coroners were reluctant to share post-mortem examination reports with paediatricians preventing effective JAA investigations.

Conclusion Ideally, SUDI investigations should be carried out only by specialist clinicians who do this work frequently and the JAA fully integrated with social care and Coroners' investigations. There needs to be a clearer system for classifying unexplained SUDI. Police should reconsider their immediate response

to SUDI; parents would like more follow-up and bereavement support from professionals.

G460(P) NEUROCOGNITIVE DEFICITS AND COMORBIDITIES IN NEUROFIBROMATOSIS 1 – EXPERIENCE FROM A TERTIARY SERVICE

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Aims Neurofibromatosis type 1 (NF1) is a common genetic condition with multisystem involvement. Clinical presentation of this condition can be varied, requiring clinicians to be aware of associated comorbidities and complications. We relate our experience of children seen within a tertiary centre.

Methods We analysed 100 consecutive patients with an established diagnosis of NF1 seen in a tertiary NF1 clinic. Records of patients were reviewed to determine clinical presentation and associated range of comorbidities.

Results Of the 100 patients (M:F = 55:45; median age 11.6 years (range 9 months–21 years)), 57 had at least one neurodevelopmental concern ranging from Learning difficulties 32%, specific learning difficulties 2%, social communication difficulties including ASD in 12%, attention difficulties including ADHD 18%, significant behavioural difficulties 11%, coordination difficulties 8%, sleep problems 13%, anxiety and low self esteem 3%, epilepsy in 4%. Majority of these children were in mainstream schools, so appropriate support would need to be provided for.

7/100(7%) of patients developed intracranial tumours, 14% optic pathway gliomas, 8 had non-tumour cranial abnormality identified on imaging. 10 children required neurosurgical intervention. 30% of children developed scoliosis, 5/30 required surgical fixation. 4 children had pseudoarthrosis, including a late presentation at 10 years. 17% had refractory errors. 14% of children underwent investigations for poor growth, 2 required hormone replacement therapy. 6 patients underwent investigations for concerns relating to puberty (2 precocious puberty, 2 premature adrenarche, 2 delayed puberty). 3 patients were on treatment for hypertension (Renal artery stenosis 2, essential hypertension 1). Plexiform neurofibromas, which can cause pain and affect cosmetic appearance, were present in 27/100 patients (9 required surgery).

Conclusions Under recognition of associated neurocognitive deficits and neuropsychiatric conditions in children with a diagnosis on NF1, can have significant impact on their educational outcome. The varied spectrum of clinical presentation warrants a comprehensive assessment for this group of patients. Establishing networks between local services and specialist centres will assist in early identification and management of Neurofibromatosis 1 related complications.

G461(P) CHARACTERISTICS OF HAEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS AT A TERTIARY PAEDIATRIC CENTRE

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