THE MAJORITY OF REFERRALS FROM GP TO GENERAL PAEDIATRIC OUTPATIENT CLINIC COULD BE MANAGED BY ALTERNATIVE METHODS

J Sutherby, B Jiang, C Lemer. General Paediatrics, Evelina London Children’s Hospital, London, UK

Aims
1. Audit 100 referrals made to a hospital general paediatric out-patient clinic from General Practice to assess (i) Appropriateness (ii) Possible alternative methods of management
2. Implement alternative and innovative methods of management using a multi-professional approach
3. Improve quality of care for patients

Methods
Using a proforma, each referral was assessed by 3 people: A Paediatrician (taken from a pool of 3 Consultants), A GP physician (taken from a pool of 2) and A Paediatric nurse specialist

Results
76–97% of patients seen in paediatric general outpatients could have been managed with at least one alternative method. The range reflects variation in assessor’s opinions (Figure 1 and Table 1).

Conclusions
The majority of cases seen in general paediatric outpatients in this sample did not require secondary care. Importantly, this study suggests that, with the support and partnership of secondary care, General Practice has the potential to provide a safe, more rapidly accessible and cost-effective paediatric service than that currently being offered at the level of a general paediatric outpatient clinic.

In terms of our progress: (i) Telephone hotline will be rolled out shortly (ii) Rapid access clinic opens in April 2015 (ii) Roll out of Community nurses (multi-professional approach) (iii) Development of email service and virtual clinic (iv) Increased support for GPs

EFFECTIVENESS OF A NOVEL PATHWAY TO REDUCE VITAMIN D DEFICIENCY IN A HIGH RISK POPULATION

A Briscoe, E Leith, F Katz. Making Our Services All Integrated in Camden (MOSAIC), Kentish Town Health Centre, London, UK

Aim To evaluate whether we have been successful in reducing Vitamin D deficiency in non-ambulant children in a Special School

Background Vitamin D is derived from exposure to UVB light, and from dietary sources, it plays a vital role in calcium homeostasis. Consequences of vitamin D deficiency include; osteopenia, rickets, poor growth and muscle weakness. There is also the risk of not achieving maximal bone mineral density, with subsequent long-term consequences for adult bone health.

We investigated a group of children attending a special educational needs school; with a diagnosis of cerebral palsy or neuromuscular disorder.

These children are categorised as high risk for vitamin D deficiency. The aim was to assess vitamin D status and determine whether levels improved with supplementation.

Method 25–Hydroxyvitamin D levels were analysed from blood tests for 52 children collected from 2010 – 2014.

Standards
Optimal >75nmol/L
Normal >50nmol/L
Insufficient 25 >50 nmol/L
Deficient <25 nmol/L

Results 44 children had >1 vitamin D blood test result available. 20—35% of children had insufficient or deficient levels detected during screening.

Deficient vitamin D levels None remained deficient on final blood testing
50% improved to normal/optimal levels with supplementation.

Insufficient vitamin D levels 77% remained insufficient on final blood testing
23% improved to normal or optimal.

Of the 44 children: 45% had optimal/normal vitamin D levels throughout.

Conclusion In a cohort of 44 children undergoing surveillance for vitamin D levels, 55% had insufficient or deficient levels during the screening process.

All of the children diagnosed with Vitamin D Deficiency had increased levels on subsequent screening, 50% improved to normal or optimal levels.

However 77% of children with insufficient Vitamin D levels on screening remained insufficient.

From our experience lack of compliance in supplementation was evident in the ‘Insufficient’ group. This subgroup of at risk children and their caregivers require further information regarding the benefits of normal/optimal vitamin D levels and subsequent bone health. We are offering alternative supplementation regimes to try and improve compliance.