

The feedback initially identified problems with the quality of teaching, and through organisation and communication with Consultants from the Deanery, we have been able to create a well-structured teaching timetable for the next year involving Tertiary Centre Consultants and District General Hospitals, which complies with the RCPCH curriculum.

We hope to extend this programme to become an 18 month rolling programme. We will continue to undertake regular feedback surveys and forum discussions to continually develop the programme and make it a success.

### G127(P) IMPROVING VITAMIN D SUPPLEMENTATION IN CHILDREN AGED 0–5 YEARS BY IMPROVING HEALTH PROFESSIONALS' KNOWLEDGE OF UPDATED VITAMIN D GUIDANCE

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Guidance from the RCPCH and Public Health agency (PHA) recommends all children 0–5 years should receive vitamin D supplementation (excluding those receiving more than 500 ml of formula milk/day).

**Aim** Our aim was to assess current level of vitamin D supplementation in children aged 0–5 years within our trust and assess awareness of RCPCH/PHA guidance among parents and health professionals.

**Methods** A survey was completed with parents/carers of children aged 0–5 years attending outpatient clinics. We surveyed if children were in receipt of vitamin D supplementation and parental awareness of vitamin D guidance. Education via vitamin D information leaflets was provided to all surveyed.

An online survey was circulated to medical and health visiting staff. 99 responses were received.

**Results** 40 children were surveyed. 34 of these children should have been receiving supplements. Our survey identified 15% of these children were receiving supplementation. 75% of parents/carers had no awareness of vitamin D guidelines. There was no uptake of healthy start vouchers for vitamins. Healthy Start is a government scheme aiming to improve the health of low income families including the provision of vitamin coupons.

72% of health professional respondents were aware of vitamin D guidance yet only 14% correctly identified children who should receive vitamin D supplementation. 63% were not aware of how parents/carers apply for healthy start vouchers. 74% stated they had not received training in vitamin D supplementation. Respondents suggested that they would benefit from face to face teaching sessions and e-learning modules.

A teaching programme was created to improve health professionals' awareness of vitamin D guidance. Following attendance at the session 100% of attendee's reported that they felt more informed about vitamin D guidance. 89% suggested that the teaching will change their practice with 93% stating that they will now recommend vitamin D supplementation to children aged 0–5 years in their care.

**Conclusion** Our project identified the lack of awareness around vitamin D supplementation and emphasises the importance of education amongst professionals to improve vitamin d supplementation within the paediatric population. Ongoing

engagement with the PHA is necessary to improve public awareness and uptake of supplementation.

### G128(P) SAFER PRESCRIBING IN ADHD – ALIGNING DOCUMENTATION WITH NICE GUIDELINES

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**Aim** NICE provide evidence-based guidance for the prescription of medication used to treat school-aged children diagnosed with severe ADHD. A local audit undertaken in 2014 evidenced that prescribing standards were not recorded fully or clearly in the patient's notes. As part of the changes to practice, a new ADHD prescribing proforma was introduced throughout the department to improve patient safety in line with NICE guidelines. As part of a PDSA cycle, a further audit was then undertaken to assess the effectiveness of the changes to practice implemented.

**Method** Hospital Coding was used to identify children commencing ADHD medication in 2016 in a local hospital. Retrospective analysis of medical notes was carried out to review documentation of the medication prescriptions. NICE CG72 was used as the gold standard.

**Results** 48 cases were identified with 10 excluded (unable to obtain notes). Male 87%; Female 13%. Following an in-depth analysis of medical notes and clinic letters, the results were not dissimilar to the 2014 findings. Whilst highlighting several positives in prescribing practice, other standards of documentation remained poor (table 1). The proposed prescribing proforma was also not in regular use with only 8% of notes containing a copy.

Abstract G128(P) Table 1

Nice CG72 gold standard	Percentage of cases
First line medication	100%
School-Aged	100%
Professional with ADHD Expertise	97%
Baseline Observations	74%
Part of Comprehensive Treatment Plan	71%
ADHD Severity	8%
Consideration of Comorbidities	34%
Assessment of Cardiac PMH	5%
Cardiac Fhx	32%
EKG	39%
EKG if Positive Fhx	100%
Mental/Social Assessment	13%
Substance Misuse/Drug Diversion	8%

**Conclusions** Similar to 2014 audit data, documentation in ADHD prescribing remained substandard and did not meet the gold standards of NICE CG72. Through presenting the data and talking to clinicians, it became apparent that some were not aware of the prescribing proforma or did not have access to it. Others were resistant to using something that was felt to be time-consuming or dictatorial to their practice after years of experience.

Subsequently, an abbreviated 'prescribing checklist' has been created in conjunction with prescribers, focussing on the weaker areas of documentation. It aims to being more user