diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or other cognitive or attachment difficulties. Six families completed feedback questionnaires. Most parents felt that the process helped their understanding of their child. Follow-up support was identified as an area for improvement. The clinicians found the process helpful, particularly with patients for whom there was disparity of opinion about that child.

Conclusion This model demonstrated positive patient experience, increased diagnostic accuracy and clinicians reported improved job satisfaction. It is likely to shorten initial referral to diagnosis time and offer a model of working that is closer to NICE guidance. Cost implications would need to be considered. Should this model of working be commissioned, areas for improvement would include follow up after diagnosis, and the robustness of the administration around the clinic.

Aims This innovative process was undertaken to examine the most effective route to ensure that young people consistently received evidenced-based cost-effective treatment for Attention Deficit Hyperactivity Disorder (ADHD)

Method A formulary approval pathway was developed for ADHD medication, following consultation, for a consistent approach.

A Specialist expressed interest in medication was reviewed by the formulary team, which involved a series of questions to be answered:

- Demonstrates evidence of benefit to the recipient and the health economy.
- Is there a strong evidence base for medication?
- In what cohort of young people should the medication be used?
- If accepted, would the medication be initiated or continued in primary care by General Practitioners (GPs), where a shared care protocol would be developed to ensure the roles and responsibilities of the specialist, GP and patient were clear to ensure appropriate prescribing and monitoring.

Results Following this appraisal, a positive evaluation and subsequent approval from the National Health Service (NHS) resulted in submission of application to the Area Prescribing Committee (APC) covering 3 cities, UK. The APC consists of varied healthcare individuals including the original sponsor to assess the formulary application and reach an informed decision. Once successful the medication is colour coded:

- Green enables all prescribers in health care to prescribe without restriction.
- Amber defines that initiation is performed by specialists in secondary care setting and prescribing transferred to GPs when the medication has been stabilised.
- Red requires initiation and maintenance only by the specialist.

Conclusion This pathway for the approval of medication to treat ADHD was designed in order to provide a consistent process and enable young people to receive evidence-based cost-effective treatment. This enables clinicians to have a transparent process across different health care settings.

Recommendation This approach can be transferred across regions in NHS (National health service) and would be useful to compare in future the processes in other regions/countries. An audit across the three cities and survey of clinicians about it would be useful to inform other practices.

A retrospective audit of referrals of patients with neurodisability in Paediatric department of Portiuncula University Hospital, Ballinasloe was done in July 2019. Referrals to medical and non-medical services including early intervention team were included in the study. Referrals for urgent transfer for any medical needs to a specialized setup were not included in the audit. The time at which referral was made was documented in ‘weeks of life’ of the corresponding patient. We audited the time at which referral was made and the time it got accepted for relevant action. Ease was access was ascertained average waiting time. We also audited the difference in time in intra-hospital vs inter-hospital reerrals.

Results A total of 31 referrals were audited. Referral rejection percentage was 3%. Three percent of referrals were still awaiting appropriate response. A total of 9 emergency transfers within 6 months of life were documented. Average waiting period was 10 weeks with Standard deviation of 14.8 weeks. Waiting period for intra-hospital referrals (services available at PUH) was 0.8 weeks compared to 20.66 weeks for inter-hospital (for services at Dublin, Galway-opthalmology, ENT etc) referrals. Waiting period for services in community was 5.2 weeks for EIT, social worker etc. Access to in
hospital facilities in Galway/Dublin (Audiology, sleep study) were on average after a waiting period of 19.6 weeks.

Conclusion There was an ease of access for local services available to patients with neurodisability. Specialised setups took longer time providing the service.

**Abstracts**

**G632** EFFECTIVENESS OF CANNABIDIOL OIL IN THE MANAGEMENT OF ADHD AND ITS CO-MORBIDITIES: REVIEW OF THE EVIDENCE

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10.1136/archdischild-2020-rcpch.546

**Aims** Attention deficit Hyperactivity Disorder (ADHD) is the commonest neurobehavioural disorder diagnosed in childhood with a chronic course extending into adulthood in at least a third of the patients. There are ongoing controversies about the safety and efficacy of chronic use of CBD in children and adults.

We aimed to identify best evidence from published literature for effectiveness of cannabinoid products in controlling symptoms of ADHD and its associated common comorbidities.


**Results** 7/11 relevant papers were related to adults while 4 were about children and young people (CYP) with ADHD. There is a dose-related association between chronic heavy regular use of cannabis and ADHD symptoms in adults. This is likely due to many adult ADHD patient self-medicating with cannabis. Chronic abuse of Cannabis is associated with abuse of other substances, including ecstasy (MDMA) and methamphetamine.

Limited RCT against placebo showed positive effect of CBD in improving core ADHD symptoms among adults over a 6 week period with no negative effect on cognitive function. Limited study of CBD-based medicines, given as adjunct to pharmacotherapy, suggest promising improvement in the symptoms of ADHD and many co-morbid mental, social, communication, behavioral and motor disorders in adults.

The dearth of research evidence among CYP as well as the knowledge of significant differences between the level of maturation and plasticity of the adolescent brain makes it impossible to extrapolate any beneficial effect of CBD use in adults to adolescents and younger children for management of ADHD and its common comorbidities.

**Conclusion** There is insufficient research evidence to support recommendation of CBD products in CYP for ADHD management in both children and adults. Positive effects of CBD on ADHD and other MH disorders have been found in short-term studies but more chronic CBD use has often been associated with detrimental effects on cognitive functioning, educational achievement and employment prospects.

**Late additions**

**G139(P)** EARNEST (EARLY ASSESSMENT AND REFERRAL OF NEWBORN ENABLING SAFER TRIAGE) PROTOCOL PROMOTING NEONATAL TEAM SPIRIT AND EARLY RECOVERY OF NEWBORN

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10.1136/archdischild-2020-rcpch.547

**Objectives** EARNEST protocol devised by the author was tested for its impact in improving newborn care.

**Method** This pilot study was carried out over 3 months in the neonatal triage of a district hospital. All newborns being brought to the Triage area here were assessed using this protocol and its user friendliness scored using ‘SMART’ criteria. Study group comprised of 100 newborns [Group A] where EARNEST was applied after the institution of the NRP Protocol For comparison [Group B], 100 matched newborns, admitted in the same duration, where only NRP protocol was applied.

**Results** Among Group A newborns, better documentation of data was reported as compared to group B [p<0.05], duration of hospitalization for less than 10 days was seen in 63% patients in group A as compared to 41% in Group B patients [p value 0.002]. The EARNEST protocol helped decrease the time required for a detailed neonatal triage assessment, instituting early therapeutic intervention and referral to a higher centre if required [p=0.04].

**Abstract G139(P) Table 1**

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**Conclusion** The use of this protocol where a newborn’s profile is entered under the 6 main headings of i) Patient profile – by the nursing staff. ii) Problems in baby – by first year resident, iii) Progress of Baby – by second year resident iv) Plan of management and v) Prognosis – by senior resident and vi) Professional advice by the consultant has empowered the Neonatal Triage team in conducting an easily recordable, reproducible newborn assessment with division of work, team spirit and early detection of complications and referral if required.

**G517(P)** PAEDIATRIC WEIGHT MANAGEMENT SERVICE IN THE DISTRICT GENERAL HOSPITAL – IS IT A TIER-3 SERVICE?

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10.1136/archdischild-2020-rcpch.548

**Aims** Childhood obesity is a significant health burden, with limited resources to manage severe obesity including co-