Conclusions The principles define a common language and shared sense of purpose for professionals and families and can be used as a platform of small or large scale change and improvement. They compliment the NHS mandate and the children's and young person's outcome report and sit at the centre of the NHS change model. They are easy to use and flexible and can be used nationally and easily adapted for other services.

G33 CHILDREN WHO DID NOT ATTEND (DNA) COMMUNITY PAEDIATRIC CLINICS. DEMOGRAPHICS AND FOLLOW UP OUTCOME

doi:10.1136/archdischild-2013-304107.046

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Aims Non-attendance at clinic appointments puts children at risk of avoidable ill health. Wasted clinic appointments cost the NHS £700m/year with up to 6 million appointments wasted.

The aim of this study was to assess outcomes for children who DNA, following introduction of a red (urgent appointment sent), amber (further routine appointment offered), green (appointment offered only if requested by family) coding system.

Method Records of 100 children who DNA over a 3 month period were reviewed. Information on age, diagnosis, outcome, was recorded and analysed using Microsoft Excel (figure 1).

Results 55 DNA's were classified green, 43 amber and 2 red (figure 1). Diagnosis was variable: 40% ADHD, 12% ASD, 9% behaviour and 9% developmental delay

Green 55: 10 new, 45 follow up.

30 did not request further appointment, 25 requested a further appointment – 24 subsequently attended, 1 DNA for a second time.

Therefore 30 appointments were 'saved' – parents did not request further appointments. Before the red, amber, green system was introduced these families would have received another appointment.

Amber 43: 2 new, 41 follow ups.

28 subsequently attended, 15 DNA'd again.

Of these 15, on reclassification:

8 green (5 ADHD, 1 attachment, 1 anxiety, 1 ASD), 1 parent requested a further appointment and 7 did not.

6 amber, (5 had ADHD and 1 sleep difficulties). 4 subsequently DNA again and 2 attended.

1 red (developmental delay). Attended the next appointment.

Red 2 (child protection plans), attended subsequent appointment.

Discussion Out of 100 DNAs 30 appointments were saved as patients classified as green did not request a further appointment. The number of DNAs per year in our department (2011–2012) was 905 of 7320 appointments. Extrapolating further we are potentially saving 271 appointment slots per year (45 clinics) compared to our previous system where all DNAs were automatically offered a further appointment.

Of 43 "amber" children, 28 attended the appointment sent, 15 DNA again. Some were subsequently classified as green, those with ADHD were assumed to be no longer on medication.

The 3 "red" children all attended further appointments.

George Still Forum

G34 IS THERE A LINK BETWEEN ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AND DELAYED PUBERTY?

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Introduction Recently, our department has seen 4 boys with ADHD present with delayed puberty. Only one was on treatment for ADHD with no effect on growth. We conducted a literature search to discover if there was a documented link between ADHD and delayed puberty. The full results will be shared during the presentation but a brief summary is below.

Methodology A PubMed search using the terms "ADHD" [Mesh] AND "delayed puberty" found only one relevant article out of three identified. An OVID Medline and "Google Scholar" search revealed three further relevant articles.

Discussion Most of the literature focuses on the link between ADHD and delayed growth in the presence of stimulant medication. Few papers look also at the effect of either ADHD or stimulant medication on puberty directly. Out of the four papers found, there were conflicting opinions.

100 DNA's

Abstract G33 Figure 1