Conclusions Improved access to knowledge about early diagnosis and disease management for primary and specialist paediatric health care professionals, can bring the EAP experience and expertise to bear on current European and international research.

O-192 CHILDREN’S RIGHTS IN PRIMARY PAEDIATRIC CARE: EUROPEAN STUDY

Background and aims UN Convention on the Rights of the Child (UNCRC) is an essential part of child health promoting policies. Several studies were carried out on the implementation of UNCRC in secondary and tertiary health care levels but not in primary paediatric care (PPC) settings. PPC model heterogeneity in Europe is related to socioeconomic/demographic factors, paediatric education/training and child health care policies. PPC is either provided by paediatricians or family doctors/GPs.

The study aim was to assess under a social paediatrics perspective UNCRC knowledge/implementation in European PPC settings.

Methods As to profile UNCRC in PPC, a questionnaire (Q1) was designed including 23 specific questions regarding rights of protection, provision and participation. The questionnaire was launched as a “monkey survey” to individual paediatricians practicing in PPC settings through the Council of PPC European national societies participating in the study. Specific country data (Excel table) and total merge data were analysed using SPSS tool.

Results 1342 responses received from 10 participating European PPC societies:
- Not enough knowledge: 52%–71%
- Implementation: Partly implemented 30%–67%, fully implemented 33%–66%
- Equal access to health care: Provided 84%–99.5%
- Right to information: Available 90%

Conclusions The knowledge/implementation of UNCRC in PPC varies significantly among European countries. Deep gaps on UNCRC knowledge were found. Equal access to health care is provided in urban areas. UNCRC should be included in paediatric education as well as addressed in PPC planning policies. Further research on UNCRC in various European PPC models/health care providers is needed (Study Phase 2).

O-193 A DECADE OF CHANGE IN THE PRIMARY CARE EXPERIENCES OF CHILDREN IN THE US WILL REFORM ALIGN THE US MORE CLOSELY WITH EUROPE?

Background and aims Experiences of children in the US will reform align the US more closely with Europe?

Methods The study was designed including 23 specific questions regarding rights of protection, provision and participation. The questionnaire was launched as a “monkey survey” to individual paediatricians practicing in PPC settings through the Council of PPC European national societies participating in the study. Specific country data (Excel table) and total merge data were analysed using SPSS tool.

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Conclusions The knowledge/implementation of UNCRC in PPC varies significantly among European countries. Deep gaps on UNCRC knowledge were found. Equal access to health care is provided in urban areas. UNCRC should be included in paediatric education as well as addressed in PPC planning policies. Further research on UNCRC in various European PPC models/health care providers is needed (Study Phase 2).
Oral abstracts

**Purpose** To understand national changes in the quality of primary care reported by families of children and to estimate the potential benefits of recent health insurance expansions to children’s receipt of primary care.

**Methods** A comparison of three iterations of the National Survey of Children’s Health from 2003 to 2012 for children ages 0–18 years on measures of primary care experience (access, continuity, comprehensiveness and coordination). Trend analyses are stratified by insurance status and socio-demographics in order to assess the potential contribution of expanded coverage through health care reform to primary care experiences.

**Results** The results show very little change overall in primary care experiences for children nationally. Some significant gains were made in access and continuity for children considered more vulnerable (i.e., from families with lower-incomes and lower educational attainment), but were mostly explained by changes in insurance coverage over time.

**Conclusion** Insurance in the US remains a major factor in improving the primary care experience of children. The recent health care reforms have the potential to improve children’s primary care access and continuity, but even with the intended goal of near universal insurance coverage for children, the US is not likely to reach the levels of paediatric primary care experience reported among studies in major European economies.

**Social Determinants of Health**

**O-195** MOTHERS’ KNOWLEDGE AND PRACTICE ON MANAGEMENT OF CHILDHOOD ACUTE RESPIRATORY INFECTIONS IN ALBANIA

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**Background and aims** Acute respiratory infections (ARI) are the leading cause of death among children under five in Albania. This study aims to determine the parent’s knowledge and care seeking practice related to ARI in children less than 2 years old in Albania.

**Methods** A cross-sectional household survey was conducted on June – July 2012 in the northeastern region of Albania. 600 mothers of children 0–23 months selected using a multi-stage sampling technique were interviewed by trained health workers using a structured pre-tested questionnaire.

**Results** Knowledge: Only 8% of mothers recognised fast/difficult breathing as a danger sign of childhood illness requiring medical attention. 78% of interviewers were convinced that every child with fever had infection and 65% of them thought they need antibiotics.

Care seeking practice: Of the 116 children (19.3%) who reported to have respiratory illnesses two weeks preceding the interview, 57.7% had an ARI. 70.2% of children with ARI were taken to a health facility and only 53.2% of them within the first 2 days. 63.8% of ARI cases sought medical care directly at the hospital bypassing the referral system. About 36.6% of cases seen by hospital providers were prescribed antibiotics compared to 11.7% of those seen by family doctors. 20% of mothers self-administered antibiotics to their children, suggested by community pharmacists.

**Conclusions** Mothers’ knowledge and care seeking practices related to ARI were poor. Community health education and strengthening of Integrated Management of Childhood Illnesses programme are required to improve timely and appropriate health care of childhood illnesses.

**O-196** ASSESSING EFFICIENT PATIENT CARE – SHOULD LENGTH OF STAY BE CALCULATED INDEPENDENTLY OF LOCAL ADMISSION RATES?

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**Objective** To compare the length of hospitalisation for infants with bronchiolitis across the Eastern region of the UK and to assess the impact of the varying admission rates in each hospital.

**Design** Data collection through the Hospital Episode Statistics (HES) using the ICD clinical coding for bronchiolitis across all hospitals in East of England for three winter seasons (October to March for the years 2009/10, 2010/11 and 2011/12). Main outcome measure: Length of hospital stay, corrected to adjust for local population.

**Results** Seventeen hospitals across the east of England were included in this study. Overall admission rate (as a percentage of