Action in an Age of Austerity

Annual Scientific Meeting of the
British Association for Community Child Health

9 & 10 October 2012
Aston Business School
Birmingham
• The main sessions (Lectures, Free Papers and Personal Practice Papers) will be held in Conference Room 1 on the ground floor
• Workshops will be held in Room 3 on the ground floor and seminar rooms on the 1st floor (135/7, 139, 144, 145)
• Lunch and the conference dinner will be served in the restaurant
• Tea/coffee/posters will in the Exhibitor area
• Accommodation is situated on the upper floors
Welcome to the 2012 BACCH Annual Scientific Meeting and for the second year to Aston University. I hope you will find this year’s topics, speakers and discussions interesting and inspiring. We chose the theme *Action in an Age of Austerity* to reflect the landmark changes that are happening in the country and the NHS currently. The title is both a call to arms to highlight the needs of children and aims to emphasise examples of continuing clinical excellence in our speciality during these challenging times.

This year we have some truly exceptional and passionate speakers. We are delighted to announce that Hilary Cass will give this year’s BACCH Annual Lecture. As you know, Hilary is a Consultant Paediatrician specialising in Paediatric Disability at Guy’s and St Thomas’s hospital and President of the Royal College of Paediatrics and Child Health. Hilary will be joined in the first day’s keynote lectures by Ann Hoskins (Director of Children, Young People & Maternity, NHS North West). Ann aims to outline the new NHS structure in England and consider ways that we can ensure children and young people’s services are highlighted by commissioners. The next keynote lecture of the day will be given by Ingrid Wolfe, a Paediatrician, Child Public Health Specialist and senior researcher from the London School of Hygiene and Tropical Medicine. Ingrid will be giving an overview of the political determinants of the financial crisis and considering what we can do to protect child health during these challenging times.

The second day emphasises the needs of children during these increasingly difficult times and what we as paediatricians can do to advocate for children within our localities. Dr Clare Blackburn is Associate Professor, University of Warwick. Clare will present some of her group’s cutting edge research looking at Disability and social disadvantage. This will be followed by Christine Lenehan OBE (Director, Council for Disabled Children), who will consider the outcomes frameworks and asks if the current system delivers what we need for children and young people. In the words of our last speaker Professor Helen Roberts, “The term ‘austerity’ can have something of a romantic ‘keep calm and carry on’ ring, but poverty and disadvantage have no romance.” The final lecture of the day is very much a call for action. I’d like to thank our keynote speakers on behalf of the organising committee and I hope you will enjoy their talks as much as I will.

We have been very lucky to have had some excellent abstracts submitted for the free paper, personal practice and poster sessions. For those that were not chosen this year please resubmit next year as the quality of research from our group is increasing year on year. One of the most important aspects of our annual meeting is the opportunity to get to know each other and develop peer support networks. I hope you will stay for the annual dinner and use the excellent facilities at Aston to relax and enjoy the meeting.

Finally, I’d like to welcome Doug Simkiss as Deputy Academic Convenor. Doug is Associate Professor in Child Health at the University of Warwick and an honorary Consultant Paediatrician in Birmingham Community Healthcare NHS Trust. I’d like to thank Doug and the BACCH Executive Committee for helping to put this programme together. I would also like to thank everyone in the BACCH office and particularly Isabelle Robinson and who has worked extremely hard to ensure the success of this meeting.

Raghu Lingam
BACCH Academic Convenor

(Honorary Consultant Community Paediatrician North Bristol Trust/
Clinical Senior Lecturer London School of Hygiene and Tropical Medicine)
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09.35-10.20  The new PH system, national & local: maintaining a focus on children & young people
Dr Ann Hoskins, Interim Regional Director of Public Health / Director of Children, Young People and Maternity, NHS North West

This presentation will outline the new public health system for England; giving an overview of the role and organisational structure for Public Health England and the new responsibilities for health and wellbeing for local authorities.

The talk will also examine how the new system will oversee the health and wellbeing of Children and Young People and the importance of Health and Wellbeing Boards.

Dr Hoskins has been Interim Regional Director of Public Health for NHS North West since April 2011. She was appointed as Director of Children, Young People and Maternity in May 2009. This followed on from her post as Deputy Director of Public Health for NHS North West. She was previously Director of Public Health for Cumbria and Lancashire Strategic Health Authority, Manchester and Wirral Health Authorities. She has extensive experience of working in developing countries working on maternal and child primary health care. She has a keen interest in both developing and ensuring implementation of evidence based practice and tackling health inequalities. She is a trustee of the Liverpool School of Tropical Medicine, and a member of the Public Health Intervention Advisory Committee and the QOF Indicator Advisory Committee of NICE.

12.15-13.00  Child health in the economic crisis: what can we do?
Dr Ingrid Wolfe, Child Public Health Research Fellow, London School of Hygiene and Tropical Medicine

The economic crisis has profound implications for children’s health and wellbeing. We will consider how macro-economic policy affects child health, and whether social protection policies work.

The origins of the financial crisis are intensely political, as are the consequences and the solutions. How did the current situation happen? What can we expect to happen to child health in an age of austerity? How well are the Government’s policies for tackling the economic problems working, and what are the implications for health?

Finally, what can we – as paediatricians – do to protect child health during these challenging times?

Ingrid Wolfe is qualified in public health and paediatrics, and divides her time between child health services research with the European Observatory on Health Systems and Policies, and the NHS where she will soon begin work developing an integrated health service model for children (at Guy’s and St Thomas’s), and continuing working as a general paediatrician (at Whittington). Ingrid’s main academic interests are in child health services research and policy in the UK and Europe. Ingrid is a child public health policy advisor for the European Pediatric Association and Strategic Pediatric Alliance.

16.40-17.25  The Children’s Outcome Strategy - Implications for Community Paediatrics
Dr Hilary Cass, President, Royal College of Paediatrics and Child Health

No abstract available at time of printing.

Dr Hilary Cass is a Consultant in Paediatric Disability at Guy’s & St Thomas’s NHS Foundation Trust and President of the Royal College of Paediatrics and Child Health. She runs a national service for children with Rett syndrome and has published widely in this area. Her other research interests include developmental regression and autistic spectrum disorders. Dr Cass has held senior management roles in hospital Trusts and at a national level has been involved in medical education and policy development, as well as advancing new models of paediatric care. She is passionate about leadership development for young doctors and has been involved in running leadership programmes across London.
10.20-10.35  Aftercare Following Sexual Assault in Under 13 Year Olds in East London
Presenter: Dr Jessica Burton (Clinical Fellow, The Haven Whitechapel)
Authors: J. Burton, A. Riddell

Introduction: Currently all children under the age of 13 years who have been assessed at Haven Sexual Assault Referral Centres in London are followed up in their Borough of residence by a Community paediatrician. There is clear RCPCH and FFLM guidance regarding how these services should be delivered.

Aims: To establish whether the national standards for follow-up of children after sexual assault are being met in children under 13 years of age in East London.

Methods: Children <13 years of age resident in East London who had Forensic Medical Examinations between 1st April 2009 and 31st March 2011 were included (45 children). Methods used: 1) Retrospective case notes analysis; 2) Survey of Paediatricians accepting referrals for follow-up care.

Results: 8/9 (89%) of the East London Boroughs responded to the survey. 7/8 (88%) could offer medical assessment, 7/8 (88%) photo-documentation, 6/8 (75%) STI screening, 4/8 (50%) pregnancy testing, 3/8 (28%) chain of evidence, 5/8 (63%) Hepatitis B vaccination and 2/8 (25%) follow-up of PEP.

We received information regarding the follow-up of 40/45 of the index cases. Only 11/40 (27.5%) children were followed up by Community Paediatrics. Of the 11 children seen for follow-up, 6/11 (54.5%) had a physical examination, none had photo-documentation or pregnancy testing performed, 7/11 (63.6%) had STI screening performed, 1/11 (9.1%) had PEP follow-up, 2/11 (18.2%) had Hepatitis B vaccination, 6/11 (54.5%) were referred to CAMHS and none were referred to 3rd sector agencies.

Conclusions: There is variable achievement of service delivery against RCPCH Service Specifications across the Boroughs of East London, with only some Boroughs able to offer a full range of services. The number of children seen in each Borough is small. How to deliver a high quality service in this specialist area of safeguarding requires further debate.

10.35-10.50  An interview based investigation into parents’ experiences of caring for their child following an Acquired Brain Injury in the United Kingdom
Presenter & Author: Liz Bray (Head of Nursing, Rehabilitation, The Children’s Trust)

Introduction: There is limited literature from the United Kingdom detailing the lived experiences of parents following their child’s acquired brain injury (ABI). ABI is a traumatic life changing event and the intensity of subsequent neurorehabilitation means staff often form close relationships with families.

Aims: The aim of the study was to explore parents’ lived experiences of caring for their child following an ABI.

Methods: The research project was set within the naturalistic paradigm and a Heideggarian phenomenological approach was used. Purposive sampling was used to identify potential research participants. Semi-structured interviews were conducted on a one to one basis with eight parents of eight different children who had acquired brain injuries. The interviews were recorded and typed up verbatim into interview transcripts. The data was analysed using thematic analysis to search through the data to create a detailed and systematic recording of universal themes using Burnard’s (1991) 14 stage method as a framework to guide the process.

Results: Eight final themes were identified: 1) Effects on the child post ABI; 2) Emotional support; 3) Information; 4) Effects on the family; 5) Fear of death; 6) Transition; 7) Family accommodation; 8) Funding. Parents need emotional support and accurate, up to date information about their child. This information should be delivered in a way that enables parents to maintain hope. The other family members also need information and emotional support. Professionals need to be aware how difficult parents can find transition from an intensive care setting to a general ward. Family accommodation was also important for parents to enable them to be with their child both in hospital and in residential neuro-rehabilitation.

Conclusions: Professionals would benefit from gaining an insight into parents’ experiences to inform and enhance their practice enabling provision of a needs led service for children and their families.
11.30-11.45 Evaluating the use of the ‘Where does it hurt’ picture communication system when conducting medical examinations on children with ASD  
Presenter: Dr Hannah Mills (FY1, South Thames Trust)  
Authors: R. Brooks, H. Mills, E.V. Webb

Introduction: Due to the high prevalence of children with Autistic Spectrum Disorder (1-2%) and the increased medical disorders associated with this condition, all paediatricians will encounter children with ASD. Communication, sensory, cognitive and other impairments associated with ASD mean that physical examinations can be challenging. There are limited studies attempting to tackle this issue and all current suggestions require intensive work and training with children and medical staff. The present study builds on a system developed by health staff and taught by teachers to encourage communication about well-being, helping children to cope with medical examinations.

Aims: An evaluation of the use of the ‘Where does it hurt?’ system in assisting with physical medical examinations.

Methods: A final year medical student conducted medical examinations on 12 children with ASD using a communication system based on PECS. This system had been introduced into classrooms by teachers to encourage the children to communicate ‘where it hurts?’ to others. The picture symbols were integrated with examination of the throat, chest and abdomen. 10 similar unexposed controls were examined in another school, without use of the system. The success of the examinations was scored numerically and qualitatively.

Results: The intervention group received more completely successful examinations compared to the control group (5 vs. 2) and a higher number of combined completely successful and complete with difficulties scores (10 vs. 4). No completely unsuccessful examinations were conducted in the intervention group, compared to 2 in the control group. The intervention group was more compliant and calm, and pre-empted the verbal requests once the symbol was shown, for example opening their mouths.

Conclusions: This method, which has been embraced by one special school as a means of teaching language and communication about well-being, shows promise as a simple but effective way of examining children with ASD.

11.30-11.45 Race, bullying and self-esteem at the transition between primary and secondary school  
Presenter: Dr Amy Hawkins (Clinical Teaching Fellow, University of Bristol)  
Authors: A. Hawkins, K. Northstone, A. Emond

Introduction: Studies from the US have suggested that children who experience racial discrimination have higher rates of depression, anxiety, behavioural disorders, and lower self-esteem. Children are generally more vulnerable at the transition from one school to another.

Aims: To investigate the associations between race, bullying, mood, behavioural difficulties and self-esteem during the transition to secondary school in a population-based cohort of English children.

Methods: Children from the Avon Longitudinal Study of Parents and Children (ALSPAC) were asked to define themselves by skin colour when aged 12 years (n=7017). Logistic regression analyses, adjusting for gender and maternal education, investigated associations with bullying and racial discrimination, behavioural difficulties, friendships, mood and self-esteem.

Results: 94.2% of children defined themselves as white (n=6607), 3.6% as mixed race (n=255) and 2.2% (n=155) identified with a specific ethnic minority group. At primary school (8-11 yrs), there were no differences between groups in reported bullying, prevalence of behavioural problems or depression. At secondary school (12.5 years), the reported prevalence of racially motivated violence was 10-13%, and for name-calling was 31-33%. Compared to white children, ethnic minority but not mixed race children were more likely to experience bullying (OR 2.98; 95% confidence interval 1.38 to 6.42). Mixed race children were more likely to retain friends of different races after the transition to secondary school (OR 1.89; 1.32 to 2.71). At 13.8 years, self-reported happiness was lower for mixed race and ethnic minority children (OR 1.87 [1.31 to 2.68] and 1.76 [1.09 to 2.86] respectively).
**Conclusion:** Although children of different skin colour had similar experiences at primary school, ethnic minority children were more likely to experience bullying and discrimination at the transition to secondary school. Strategies for prevention of bullying should be targeted at this vulnerable group of children, particularly during this high-risk period of transition.

12.00-12.15  **Smarter approaches to managing behavioural insomnia in children with learning difficulties**  
**Presenter:** Dr Carla Wesley (FY1, Salisbury District Hospital)  
**Authors:** C. Wesley, E. Stewart, C.M. Hill

**Introduction:** Children’s sleep disorder services are underdeveloped in the UK despite a high prevalence of sleep problems (20-45% in typically developing children and 50-80% in children with disabilities). Southampton Children’s Sleep Disorder service has developed over 25 years and recently introduced a new service delivery model in the form of family workshops, to assess and manage children with sleep problems, particularly those with behavioural insomnia.

**Aims:** To evaluate the effectiveness of sleep workshops for families in treating behavioural insomnia compared to traditional clinic based models.

**Methods:** A mixed methods approach was used to compare the two models. Quantitative data was collected from an established database and outcome measures (composite sleep scores), clinical measures (sleep and clinical diagnosis) and process measures (waiting times, contact hours and total treatment times) were evaluated. Nineteen children from each model were matched and compared using a mixed between methods ANOVA.

Ten families were interviewed using a semi-structured approach; transcribed interview scripts were analysed using phenomenological methods. Themes were explored and discussed within the research team.

**Results:** A significant decrease in waiting time (in weeks) was shown in the workshops (Median (M) = 7.5 IQR-3) compared with the clinic. (M=10 IQR-6 p=<0.05). No significant difference in contact hours or total treatment time was shown (p=0.32).

There was statistically significant decrease in composite sleep score pre to post intervention in both modalities (p<0.001 for workshop and clinic models) although there was no significant difference between models.

Full analysis of parental interviews cannot be discussed here but results showed a positive attitude towards the workshops, particularly the peer support and education offered in this setting.

**Conclusions:** Sleep workshops for parents of children with behavioural insomnia are equally effective as clinic delivered care and add value to families through peer support and education about sleep. Families valued the workshop approach.
Workshops, Tuesday 09 October

Each Workshop is run twice during the afternoon (14.10-15.05 and 15.15-16.10).

Fractures and Vitamin D Deficiency (Room 145)
Facilitators: Dr Geoff Debelle (Consultant Paediatrician, Birmingham Children’s Hospital), Dr Nick Shaw (Consultant Paediatric Endocrinologist, Birmingham Children’s Hospital)

Synopsis
Vitamin D deficiency is now widely prevalent in the UK and other countries. We will explore why and look at the evidence, such as it is, for prevention, during pregnancy and early infancy. We will then focus on recent court ruling that have linked apparent abusive fractures in infants to co-existing vitamin D deficiency. We will look at the available evidence and discuss a proposed statement on this issue, to be included in the next edition of the Companion.

Facilitators’ Biographies
G. Debelle: I am a general and community paediatrician and have been a consultant since 1981. I am a designated doctor (safeguarding and SUDIC) in Birmingham. I am a member of the RCPCH Child Protection Standing Committee and was a member of the NICE Child Maltreatment Guideline Development Group. My clinical and research interests are in child protection and prevention of Vitamin D deficiency.
N. Shaw: Developed an interest in paediatric calcium and bone metabolism whilst a Lecturer at the University of Leeds which he continued when starting to train in Paediatric Endocrinology as a Lecturer at the University of Liverpool. He completed his endocrine training in Birmingham where he has been a Consultant Paediatric Endocrinologist since 1994. In addition to Endocrinology and Diabetes, he established a multidisciplinary service for children with all forms of metabolic bone disease.

CESR application process (Room 135/7)
Facilitator: Ben Harper (Education & Training Support Administrator (Certification), RCPCH)

Synopsis
This workshop guides doctors through entering the Specialist Register through the CESR route, based on training and professional practice. Attendees will learn about CESR eligibility criteria, the application process, essential evidence to include with an application, how applications are evaluated, and outcomes. Issues around sub-specialty recognition will also be discussed.

Facilitator biography
Education & Training Support Administrator (Certification) at RCPCH, specialising in CESR applications.

Good Quality Training in Community Child Health (Room 139)
Facilitators: Dr Charlotte McAuley (Consultant in Community Child Health, Gloucestershire Hospitals NHS Trust), Drs Hamilton Grantham, Sarah Panjwani, Jill Yates (BACCH Trainee Reps)

Synopsis
This workshop aims to reflect the RCPCH Community Child Health CSAC’s current advice on providing and gaining quality training in Community Paediatrics. The target audiences are teams which deliver higher specialist training, trainees, Staff Grades and Associate Specialists who are interested in training further to become consultants. We will present current guidance on training structure, content and assessment; discuss experience that can be gained in relevant related specialities and demonstrate some of the resources available and, signposting to further support. We will also explain what has been done so far to deliver quality training nationally. There will be a discussion forum to answer those burning training related questions and to receive feedback and ideas to further develop and support the needs of trainees in the future.

Facilitator Biography
I have been the RCPCH Trainee representative at the Community Child Health (CCH) College Speciality Advisory Committee (CSAC) for two years. Over this time we have developed a new web-based resource pack to help support trainees in Community Paediatrics to achieve their training competencies. Locally, I have worked to revise and deliver a training programme in the Oxford Deanery in line with the new RCPCH curriculum. Having just completed run through training, I have recently taken up post as a consultant in Community Child Health in Gloucestershire. I work in conjunction with Hamilton and Sarah and Jill who are the trainee representatives for BACCH. Together we will deliver this session.
Mental health for all children: the paediatrician’s role (Room 144)
Facilitator: Dr Max Davie (Consultant Community Paediatrician, Guy’s & St Thomas’s Community Services, Lambeth)

Synopsis
Children’s mental health is under threat from recession, austerity and social change: with CAMHS services under threat and increasingly concentrating on mental disorder, there is a lack of local action on these vital issues. This workshop explores the scope and determinants of mental health problems and attempts to explore what levers and strategies can be used by paediatricians to improve the mental health of local children.

Facilitator Biography
Max is a community paediatrician in Lambeth, South London. He has a clinical interest in developmental conditions presenting at school-age, and in the interface between mental health and paediatrics. Max is also Deputy Convenor of the British Paediatric Mental Health Group.

Using information to talk to Commissioners & the GMC (Conference Room 3)
Facilitators: Dr Gabriel Whittingum (Consultant paediatrician – neurodisability, Hampshire Hospitals Foundation Trust)
Dr Fawzia Rahman (Consultant Paediatrician, Derbyshire healthcare Foundation Trust/BACCH Convenor)

Synopsis
How to answer the questions: so what did you do last year doctor? How do you know if it was any good? And why should we purchase services from your department?

Facilitators’ Biographies
G. Whittingum: Gabriel and the local team were fortunate enough to be able to use crude coding information to help a community services business case. This was successful and appropriate funding was secured to help local community and paediatric neurodisability services. This year patient information and caseload data on children seen in the joint paediatric –psychology clinic was presented to commissioners. This was to preserve the input that had been withdrawn at short notice – due to retirement. This was partly successful with future scheduled meeting with pct commissioners and ccg leads.
F. Rahman: see page 18.
08.45-09.15 Registration (day delegates only) and coffee

09.15 KEYNOTE LECTURE
Disabling chronic conditions in childhood and social disadvantage: exploring the temporal pathway
Dr Clare Blackburn

10.00 KEYNOTE LECTURE
Delivering for children and young people – the work of the health outcomes forum
Christine Lenehan OBE

10.45 Morning Coffee, Posters & Exhibition

11.15 PERSONAL PRACTICE PRESENTATIONS x 4
(see pages 14-15 for details)

12.15 KEYNOTE LECTURE
Carry on (but don’t keep calm): inequalities in child health in an age of austerity
Professor Helen Roberts

13.00 Lunch, Posters & Exhibition
(SSASG and Trainee meetings will be held during the lunch break)

14.10 PERSONAL PRACTICE WORKSHOPS
(see pages 16-18 for details)
- Culture, maltreatment and FGM
- CPRG workshop: Supporting research in Community Child Health
- Effective CPD – make the RCPCH CPD scheme work for you
- Quality standards for community based and “out of bed” paediatric services
- A simple cost-effective treatment for hyperacusis

16.15 AWARDING OF PRIZES
CLOSING COMMENTS

16.30 Close of meeting
Disabling chronic conditions in childhood continue to be a significant public health issue in high income countries like the UK. Although many children with disabling chronic conditions are able to lead rich and fulfilling lives, studies highlight how they are more likely to experience greater social exclusion and adversity than other children. The impact of children’s health, social care and education systems is also substantial. Reducing both the prevalence of childhood disabling chronic conditions and its impact on the lives of children and their families is important, but requires robust evidence on its causes.

This paper will examine the relationship between disabling chronic conditions in childhood and exposure to social disadvantage. Drawing on a recently conducted systematic review and secondary analysis of the UK ONS Longitudinal Study, it will discuss the quality of the evidence for the association and examine the temporal ordering and gradation of the relationship of the onset of disabling chronic conditions with social disadvantage. Our results suggest that exposure to social disadvantage in early childhood, in children reported as free from disabling chronic conditions, increase the risk of developing a disabling chronic condition in later childhood. These findings have important implications for policy makers and practitioners. Targeting preventative efforts to reduce social disadvantage in early childhood is likely to be an important strategy to reduce the prevalence of childhood disability in later childhood and early adulthood.

Clare Blackburn teaches at the University of Warwick, contributing to the undergraduate medical education programme, and Masters courses in Child Health and Public Health. She researches in the field of health inequalities and is interested in the way social and material circumstances, gender and ethnicity are cross-cutting forces, shaping health, health behaviour and experiences of caring in children and their families. Together with Professor Nick Spencer and Dr Janet Read, she has developed a stream of work on the social patterning and predictors of childhood disability, focusing on the role that socio-economic circumstances may play in the causal pathway.

Delivering for children and young people – the work of the health outcomes forum

In January of this year Andrew Lansley announced the creation of an independent children and young people’s health outcomes forum to look specifically at both the outcomes frameworks and the system changes and ask, do these deliver what we need for children and young people. This lecture explains that process, the evidence and the recommendations and crucially where to now.

Christine is Director of the Council for Disabled Children (CDC) a strategic partner to the Department for Education on Special Educational Needs and Disability. In January 2009 Christine was appointed Officer of the Order of the British Empire (OBE) in recognition of her work with disabled children and their families over thirty years. As Director of CDC and board member of the Every Disabled Child Matters (EDCM) campaign, Christine has been at the vanguard of her field – raising the policy profile of disabled children and young people.

Christine has worked as a social worker in residential and fieldwork settings and for voluntary and statutory agencies. Christine was a member of the expert working group on the Children’s National Service Framework module on disabled children and was responsible for the development of its consultation programme. She also sat on the advisory group for the publication Improving the Life Chances of Disabled People, issued by the Prime Minister’s Strategy Unit in January 2005. Christine has also held several strategic roles including as a member of the Stakeholders Group looking at implementing Every Child Matters, the Ministerial Implementation Group for Implementing Aiming High for Disabled Children and the Programme Board overseeing Aiming High for Disabled Children.

In January 2012 Christine was appointed co-Chair of the Children and Young People’s Health Outcomes Forum, commissioned by Secretary of State Andrew Lansley to inform the work of the Children and Young People’s Health Outcomes Strategy.
The term ‘austerity’ can have something of a romantic ‘keep calm and carry on’ ring, but poverty and disadvantage have no romance. This talk will refer to some of the work done in the past on managing child health in a time of austerity, and speculate on whether austerity provided a lever for more evidence-informed practice, or a barrier.

Professor Helen Roberts is a medical sociologist with a particular interest in evidence-informed child public health and inequalities in child health. Her most recent books are What Works in Reducing inequalities in Child Health (Policy Press 2012) and with Mark Petticrew, Systematic Reviewing in the Social Sciences (Blackwells 2007). She spent a decade leading R&D in Barnardo’s, has been on the board of NICE since 2004.
Improving the management of pain in children and young people with complex disabilities resulting from acquired brain injury and neurological conditions, at a residential facility

Presenter and author: Sally Nissen (Lead Nurse, Palliative Care, The Children’s Trust)

Background: Pain is poorly managed in contemporary practice (Gordon et al, 2002) furthermore, children and young people with multiple disabilities are at higher risk of experiencing pain due to health conditions, investigative procedures and treatments (Breau, 2003). Neurological impairments may lead to inadequately treated pain since it is not recognised (Hunt et al, 2003) and non verbally communicating children are less likely to receive active pain management (Stallard et al, 2001). An audit cycle aimed to establish whether pain was being managed effectively at a residential facility for children and young people with complex disabilities resulting from acquired brain injury and neurological conditions.

Details: This audit was developed based on the national standards and conducted in 2010 and 2011; auditing 23 and 31 (respectively) care files. Following the initial audit, change in practice was encouraged following The Iowa Model of Evidence-Based Practice to Promote Quality Care (Titler et al, 2001); an evidence based guideline was introduced. Interventions used to implement the guidance were multi-faceted and included outreach visits; written material; classroom sessions; feedback to peers. Results from a third audit will be available in October.

Evaluation: A high number of pains were noted, not all of which were addressed. Audit results show that from 2010 to 2011 the number of pain tools in place increased from 2/23 (9%) to 17/31 (55%); pains addressed by an intervention increased from 22/41 (54%) to 32/48 (67%); interventions aimed at relieving pain increased from 5/23 (23%) to 20/31 (62%); prescription of regular analgesia increased from 1/23 (4%) to 6/31 (19%).

Conclusion: A high incidence of pain was evident. Contextualising national guidance for local services and offering multifaceted interventions aimed at changing practice can improve pain management for children and young people with acquired brain injury.

“Did not attend” (DNA) audit on appointments in community paediatrics: the story since 2006

Presenter and author: Dr Vinita Kapoor (Associate Specialist, Community Paediatrics, Derbyshire Health Care FT)

Background: Patients defaulting scheduled clinic appointments (did not attend – DNA) in community paediatrics is frustrating, exposes vulnerable children to significant risk and has financial implications. Limited information is available in published literature on DNAs in community paediatric settings. Derby had a high DNA rate of 21.4% (2006-07).

Details: The audit was aimed at predicting and minimising both DNAs and associated risks, looking at our current practice, whether we were doing enough to prevent DNA and make recommendations to improve patient attendance. This was achieved by carrying out two overlapping audits - a Retrospective audit (1 March 2006 – 31 August 2006) and a Prospective DNA audit (1 July 2006 and 30 Sep 2006). The returned sheets of questionnaire were analysed using Microsoft Excel software.

Evaluation: The Retrospective study showed that 47% of patients had defaulted to clinic appointments before, so DNAs could be predicted; community paediatricians had concerns about DNA in 84% of patients and the degree of concern was high in 31% of these patients. None were lost to health follow up.

The Prospective Audit identified that we could do more to improve clinic attendance. In 39% of cases the paediatrician felt DNA was predictable. We recommended improvement in referral and appointment process, identify patients at high risk (previous DNA, deprivation and carer factor) and target this group. Each paediatrician looked at their individual DNA rate, shared information with the entire team comprising both professional and administrative staffs and we agreed to a step-wise reduction in DNA rate as our main service objective.

Our DNA rates for the subsequent period demonstrated a step wise reduction from 21.4 % (1 April 06- 31 March 07) to 12.5% (in 2009-10) with a further reduction to 11.65% (in 2011- 12).

Conclusion: We closed our audit loop by demonstrating a reduction in the DNA rate which was of high statistical significance.
11.45-12.00 Care Pathways and Patient Stories
Presenters: Dr Matthew Ellis (Consultant Community Paediatrician, North Bristol Trust/Senior Clinical Lecturer Child Health, University of Bristol), Emily Roberts (Barnardo’s, Bristol)
Authors: M. Ellis, P. Anthony, M. Lewis, B. Pearce, E. Roberts, M. Wood

Background: The NHS patient experience framework calls for better coordinated and integrated care across the health and social care system. Care pathways are a key strategy to achieve this but are also seen to be a means of ensuring value by maintaining quality whilst driving down cost. Can patient experience be used to inform care pathway development whilst meeting value requirements?

Details: Since 2009 we have developed 15 care pathways to guide our service model in an integrated community child health partnership. Participation training has been integral to our mandatory training programme. We asked families how they wanted ‘patient friendly’ care pathways to be presented. They wanted patient stories to illustrate pathways. We have developed a system with Barnardo’s for collecting and editing patient stories initially as a source of patient information to illustrate care pathways. However, moving on from tokenistic participation Barnardo’s have challenged us to use these patient experiences to guide subsequent care pathway development.

Evaluation: Our first family consultations to collect patient stories describing ASD and LD pathways will be presented. The effectiveness of using the patient experience to critique a care pathway will be explored with reference to young people’s and parent’s views of an eating disorder care pathway.

Conclusion: Care pathways can be represented in short narrative vignettes. Patient experience of care pathways can highlight weak links, direct audit and have potential to inform (dis) investment decisions.

12.00-12.15 Multidisciplinary feeding clinic - Integrated service for children with complex feeding difficulties
Presenter: Dr Brindha Dhandapani (Consultant Community Paediatrician, Kaleidoscope Centre, London)
Authors: B. Dhandapani, R. Swift, C. Daman

Background: A need for a joint feeding service for children with complex feeding problems across hospital and community services in Lewisham has long been identified. Previous attempts at establishing a feeding service had been unsuccessful due to various barriers, mainly that of hospital and community services being under different organisations. Lack of coordination of hospital and community services, duplication of services and lack of continuity of care and support for parents were identified as barriers to providing a comprehensive service.

Details: A one-stop multi-disciplinary feeding clinic was piloted in Lewisham for children with neuro-developmental disorders with complex feeding difficulties, following the integration of acute and community services. The aim of the clinic was to improve collaborative working between community and hospital services and to offer a co-ordinated service by: Providing timely and equitable access to multidisciplinary assessment of feeding difficulties; Reducing referrals to tertiary feeding service; Avoiding duplication of services and reducing number of hospital appointments; Improving links with community and hospital services; Providing clarity of input with detailed care plans.

The core team comprises of hospital or community dieticians, Speech and Language Therapists, Paediatricians (Community/Acute) with support from the extended team including Special Needs Nurses, Occupational Therapists, Physiotherapists and Care Co-ordinators.

Evaluation:
• 12 children -seen in six clinical sessions.
• 10 parents/carers (83%) completed satisfaction questionnaires. Seven professionals completed questionnaires. Outcomes were evaluated for each child against the objectives.
• Parents highly valued the multidisciplinary approach, support and continuity of services.
• Improved parent engagement through continued liaison between parents and professionals through key working
• Reduced referral to tertiary feeding services by 60%.
• Six (50%) children - fewer appointments in the hospital.
• Six (50%) children- discharged from the hospital clinic to avoid duplication of services.

Conclusion: The pilot clinic demonstrated collaborative working in delivering integrated services for this group of children. Following the pilot the Multidisciplinary feeding clinic was established to provide comprehensive services for this group of children.
Each Workshop is run twice during the afternoon (14.10-15.05 and 15.15-16.10).

Culture, maltreatment and FGM (Room 139)
Facilitators: Dr Deborah Hodes (UCLH/Camden Provider Services/Royal Free Foundation Trust), Dr Kerry Robinson (Neurology Registrar, Great Ormond Street Hospital for Children NHS Trust)

Synopsis
Waves of immigration from the latter half of the 20th century have changed the cultural and ethnic mix in the UK and many paediatricians find themselves treating patients from cultures they have never previously encountered in their practice. The relationship and influence of these diverse cultures to the understanding and identification of child health concerns can be challenging and complex.

I will set out ways of thinking about the influence of culture as pertaining to the early childhood setting. I will use Koramoa’s framework for a ‘continuum of cultural practices’ and identify and classify early childhood practices that are beneficial, neutral, potentially harmful and harmful to children. I will also discuss the practice of FGM – female genital mutilation as an example of harmful practice. I will suggest a model for dealing with cultural issues in well child care that is influenced by the Convention on the Rights of the Child.

Facilitator Biography
Dr Deborah Hodes, has been a Consultant Community Paediatrician since 1990, and from 2003 in Camden working for the Camden Provider Services, The Royal free NHS Hospital Trust and also University College London Hospitals. She is Named Doctor in Child Protection and child protection advisor to UCLH. She is clinical lead in community paediatrics in Camden and chair of the Camden Child death overview Panel (CDOP).

She has vast clinical experience in all aspects of child abuse and neglect, and has developed a very active tertiary safeguarding clinic which includes the assessment of complex children with a special interest in child sexual abuse as well as providing professional and expert opinions. She also works at the sexual assault referral centre - the Haven Paddington, London.

She has national profile, teaching both locally nationally and has developed a programme for training registrars in safeguarding. In 2006, she established peer review and support for doctors in five London boroughs which is a nationally recognised model. Since 2011, she has led the MSc Paediatrics and Child Health safeguarding module at the Institute of Child Health London. She developed and now leads the national teaching programme for doctors and nurses working with acutely assaulted children and young people in SARCs (sexual assault referral centre).

She is an active member of the Royal College of Paediatrics and Child Health (RCPCH). A member of the Working Group to write the “Physical signs of Child Sexual Abuse”. In 2010 she was elected chair of the Child Protection Special Interest Group, British Association of Community Child Health (BACCH), aiming to improve training, court skills and clinical practice. She is a RCPCH faculty member of programme “Child Protection from examination to court”.

CPRG workshop: Supporting research in Community Child Health (Room 135/7)
Facilitators: Professor Alan Emond, (Professor of Community Child Health, University of Bristol), Dr Catherine Tuffrey (Consultant Paediatrician, Solent NHS Trust)

Synopsis
Aims: 1. To develop some research questions that could lead to national collaborative projects; 2. To advise on how to get research funding from NIHR, charities and other sources.

Research in community child health faces a number of challenges. There are few academic departments in Community child health, many MSc courses have closed over recent years and trainees are increasingly reporting few opportunities for research experience. This is on a background of a specialty with a poor evidence base for much of the management we provide for children and families.

The Community Paediatric Research Group is a small group of interested community paediatricians which has been in existence for many years. It provides support and encouragement for those planning and carrying out research in the specialty, be they junior doctors, specialty doctors or consultants. In order to more effectively carry out research we need to engage with larger number of our clinician colleagues and look at new models for collaborating. In this workshop we
would like to hear about your experiences of research and discuss ideas for working together to find answers to the questions that our patients and their families need answering.

Facilitators’ Biographies

A. Emond: Alan Emond is a clinical academic paediatrician, who graduated from Cambridge University in 1977. After training in internal medicine and paediatrics in the UK, Jamaica and Australia, he has been working in Bristol since 1985. He is Professor of Child Health at the University of Bristol, head of the Centre for Child and Adolescent Health in Bristol and consultant community paediatrician at North Bristol Trust and University Hospitals Bristol Trust. His clinical background is in general and community paediatrics, with over 30 years’ experience of children’s medicine and child public health.

Prof Emond’s research experience is in epidemiology and health service evaluation, including work on the Avon Longitudinal Study of Parents and Children (ALSPAC-Children of the Nineties), and in clinical trials. He is now setting up the Healing Foundation Children’s Burns Research Centre. He has published widely on child growth and development, risk taking in adolescence and injury, and has advised the English government on policy for children.

He is an experienced educator, with a special interest in inter-professional teaching and learning. From 2005-9, he was chair of the British Association of Community Child Health (BACCH), and from 2009 he has been the chair of the British Paediatric Surveillance Unit. In 2003 he set up the Centre for Child and Adolescent Health is a joint initiative between the University of Bristol and the University of the West of England, creating a multi-disciplinary academic group undertaking research and teaching in community child health.

C. Tuffrey: Catherine Tuffrey is currently co-convenor of the CPRG. Before taking up a consultant post in 2010 she worked as a post-CCT research fellow in Northumbria for four years carrying out research to develop a measure of Participation for adolescents with cerebral palsy. She was awarded a PhD for this work in 2012. She currently works as a consultant community paediatrician in Portsmouth and is the research lead for general paediatrics at the local acute trust. She has been editor of BACCH News since 2010.

Effective CPD - make the RCPCH CPD scheme work for you (Room 145)

Facilitators: Dr Paula McAlinden (Consultant Community Paediatrician/member of the RCPCH CPD sub-committee), Sarah Fellows (CPD and Revalidation Manager, RCPCH), Adam Szczubkowski (CPD Administrator, RCPCH)

Synopsis

The workshop aims to provide attendees with a clear understanding of the CPD requirements of the College’s CPD scheme and the value of good CPD record keeping for the purposes of annual appraisal, revalidation and CPD audit.

After the event delegates will be familiar with:
- the requirements of the RCPCH CPD scheme
- the range of CPD activities and CPD evidence required for effective CPD for community paediatricians
- the functions of the online CPD diary and how to make best use of them
- the challenges of CPD and practical solutions

Facilitators’ Biographies

Sarah Fellows has been the CPD and Revalidation Manager at the RCPCH since 2009 and manages the College’s guidelines and standards for CPD, supported by Adam Szczubkowski, the CPD Administrator at the College since 2007 who supports the scheme and the online CPD diary. Their work is overseen by the Officer for CPD and the CPD sub-committee. Dr Paula McAlinden has been the BACCH representative on the CPD sub-committee since 2009.

Quality standards for community based and “out of bed” paediatric services (Conference Room 3)

Facilitator: Dr Fawzia Rahman (Consultant Paediatrician, Derbyshire Healthcare Foundation Trust/BACCH Convenor)

Synopsis

The BACCH Executive is keen to secure membership support for a set of easy to measure essential standards for community paediatric / “out of bed” services, especially as the RCPCH is pressing forwards with the implementation of standards for acute services. This is your chance to contribute to and test out the short questionnaire which will be sent later to all community paediatrics services and the results fed back to the RCPCH.
**Facilitator Biography**
Fawzia has been the quality lead for her department since 1991. She has pioneered the use of a quality and outcomes framework for community paediatrics based on the four academic domains of quality.

**A simple cost-effective treatment for hyperacusis (Room 144)**
**Facilitator:** Dr Mahadeva Ganesh (Consultant Paediatrician, NHS Telford & Wrekin)

**Synopsis**
The aims of the workshop are:
1. To review the current evidence regarding Hyperacusis.
2. To discuss mechanism and symptoms of Hyperacusis from different aspects including psychoacoustics, sensory integration, psychology and audiology.
3. To review the clinical aspects of Hyperacusis in children and management.

**Facilitator Biography**
I am a consultant Paediatrician working in the community in Shropshire. I am the lead consultant for the Child Development Centre and the Designated Doctor for Safeguarding based at Stepping Stones Centre, Malinslee, Telford and the lead for Paediatric Audiology. My qualifications include MBBS, Diploma in Child Health, MD Paediatrics, MRCPCH (UK), MRCP (UK), FRCPCH (UK) and an MSc in Audiological Medicine (University of Manchester). I have a special interest in treating children with Tinnitus and Hyperacusis and have been undertaking a dedicated clinic for these children since 2009.
The following posters are displayed in the Exhibitor and refreshment area (see map on page 2).

**Completion of Looked After assessments by Primary care professionals - a pilot**
Annalise Buckland (ST8 Community Paediatrics, Northumbria Healthcare NHS Foundation Trust)

**Early interaction service at Honeylands CDC**
Hazel Curtis (Consultant Paediatrician, Honeylands CDC, Exeter), Emmanuelle Davison (Consultant Clinical Psychologist, Honeylands CDC, Exeter)

**Audit on the Implementation of NICE guidelines CG89: When to Suspect Child Maltreatment**
Alanna James (5th Year Medical Student, Cardiff Medical School)

**Is it just gastro-oesophageal reflux?**
Siba Prosad Paul (ST5 in Paediatrics, Yeovil District Hospital)

**The Development of a skill mix approach to the post diagnostic follow up of children with Autism Spectrum Disorders**
Georgie Siggers (Consultant Community Paediatrician, Lewisham Healthcare NHS Trust)

**Social Skills Development in Primary School Children on the Autism Spectrum through participation in LEGO Clubs**
Irene Vaz (Consultant Paediatrician, South Warwickshire Foundation Trust)

**Are children in Hounslow & Richmond safe? An assessment of the quality of the safeguarding children service provided by the Community Paediatric team in Hounslow & Richmond Community NHS trust**
Zareen Italia, Emily Walton (Paediatric Registrars, Hounslow & Richmond Community NHS Trust)

**In an age of austerity is Community Paediatric training fully equipping Trainees for the Consultant role?**
Helen Brewer, Tamsin Woodbridge (Community Paediatric Registrars, North Bristol NHS Trust)
BACCH would like to thank the following exhibitors for their support. Please take time to visit their stands.