



British Association for
Community Child Health

Annual Scientific Meeting

New solutions to old problems

11-12th September 2023
Manchester Metropolitan University
& online

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For in-person delegates

The event is being held at:

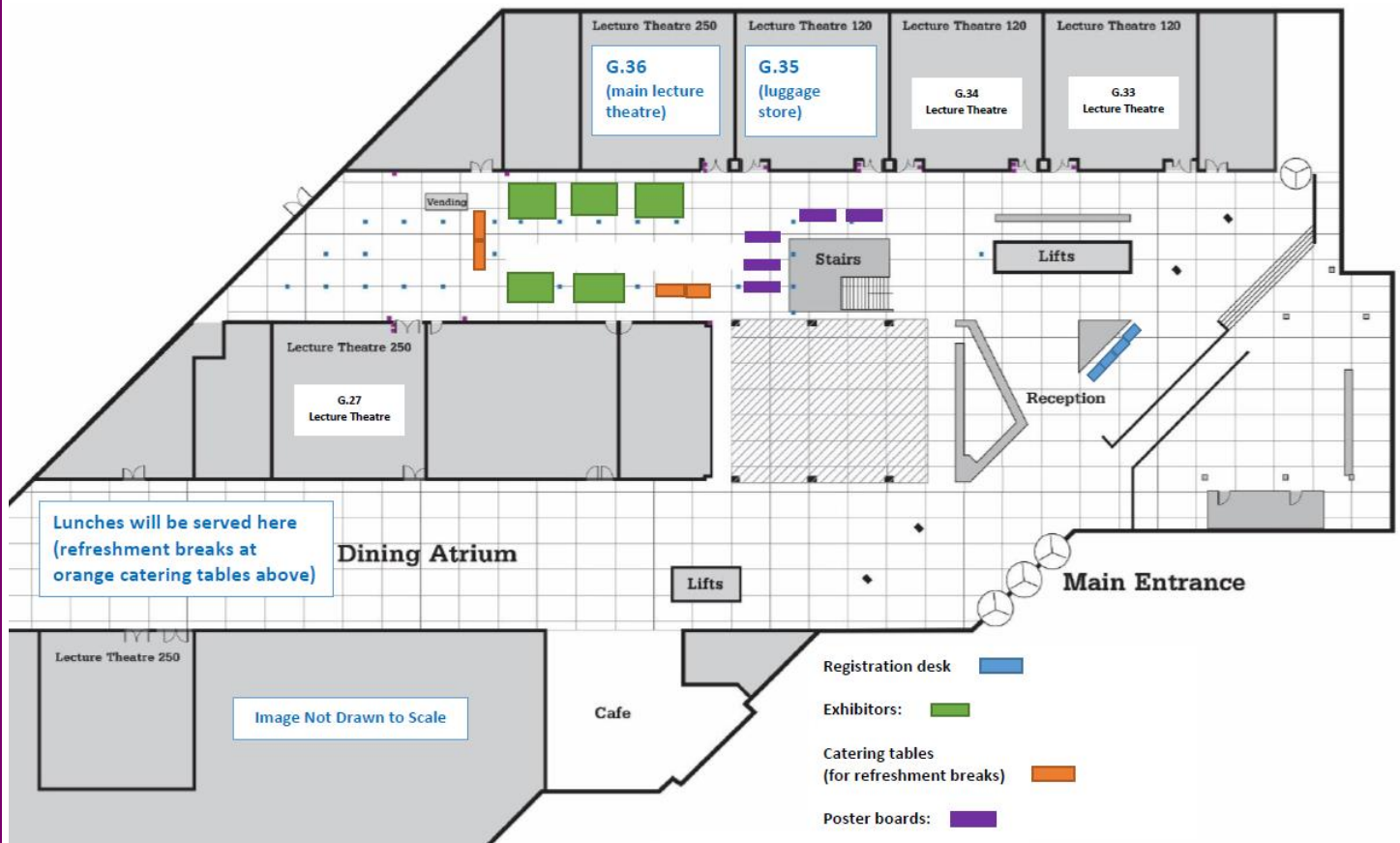
**Business School
Manchester Metropolitan University
All Saints Campus
Oxford Road
Manchester
M15 6BH**

For virtual delegates

The conference is being streamed via Zoom.

Meeting links will be emailed by 8th September

**BACCH ASM, 11-12 Sept 2023 – venue floorplan
Business School, Manchester Metropolitan University**



Notes

- Lectures and abstract presentations will take place in the **main lecture theatre G.36**
- The afternoon **workshop sessions will be held on the third floor** (rooms 3.20-3.26, located above the north atrium)
- Refreshments, exhibitors & poster boards will in the north atrium
- Lunch will be served in the dining/ south atrium
- Lecture theatre G35 is available as a luggage store (left at owner’s own risk)

I am delighted to welcome everyone to our Annual Scientific Meeting this year in Manchester and online. I am pleased that so many people are attending in person and able to take part in our highly interactive workshops and networking opportunities with colleagues from around the UK, and thrilled that those who can't make it here can still join in. There is also ample time for socialising between sessions and for those joining for our conference dinner tonight. Make the most of the opportunity to speak to someone new, share best practice and solve challenges together.

This year we have invested in our IT so hopefully this should ensure a smooth online experience. I warmly welcome our virtual delegates and encourage you to ask questions online.

There are many posters on display, so please take the time during one of the breaks to view them and talk to their presenters. I also challenge you all to try and talk to people you have never met before, let's make new connections and new friends.

The BACCH conference team have done an amazing job in organising this event; I am very grateful to Isabelle and Prafula for all their hard work, Professor Doug Simkiss BACCH Chair for his guidance, and Dr Sarah Panjwani and Dr Hamilton Grantham, deputy Academic Convenors for their support.

BACCH has a twitter account, @commchildhealth and there is a hashtag for the conference, **#BACCH2023**. Please feel free to tweet, it is a useful additional way to develop debate.

Jo

Dr Joanna Garstang
BACCH Academic Convenor

From 08:45	Registration & coffee
09:20	Welcome & intros (Academic Convenor)
09:30	<i>Learning from serious safeguarding incidents: themes in national & local reviews</i> Annie Hudson (Chair, Child Safeguarding Practice Review Panel, DfE)
10:15	Abstract presentations (see pages 8-9) 10.15-10.30 <i>Well Being & Health At Transition 'WHAT' - a new transition model for children & young people in special schools</i> (Dr Neal McCathie) 10.30-10.45 <i>Heart rate & blood pressure monitoring in ADHD medication clinic: do medications make a difference?</i> (Dr Raya Shpilberg)
10:45	Refreshments & Poster session
11:05	Abstract presentations (see pages 9-10) 11.05-11.20 <i>A review of co-morbidities & routine blood test results of children seen in the complex behavioural feeding clinic between Dec 2020-Dec 2022</i> (Dr May Yip & Anahita Khot) 11.20-11.35 <i>Bruising in non-mobile babies: what happens next?</i> (Dr Graham Thornton)
11.35	<i>Putting good child health back into childhood</i> Sharon White OBE (CEO, School & Public Health Nurses Association)
12:20	Lunch & Poster session
13:30	Personal Practice Workshops (in-person delegates only) 2 x one-hour sessions (with 10-minute changeover) - session 1: 13.30-14.30 - session 2: 14.40-15.40 <i>See pages 11-13 for details</i>
15:40	Refreshments & Poster session
16:00	<i>Offering holistic support to children & young people experiencing gender-related distress</i> Dr Trilby Langton (Clinical Psychologist, University of York)
16:45	Closing remarks
16.50	End of day one
17:10-17:40	BACCH AGM (members only) https://www.bacch.org.uk/events/bacch-agm-2023
19:30	Annual Dinner (pre-booked only) Hyatt Regency Manchester

Learning from serious safeguarding incidents: themes in national & local reviews

Annie Hudson (Chair, Child Safeguarding Practice Review Panel, Department for Education)

Synopsis

Reflecting on the work of the national Child Safeguarding Practice Review Panel, the presentation will reflect on trends and patterns evidenced in local and national reviews, including those about the deaths of Arthur Labinjo-Hughes and Star Hobson (2022) and about children with disabilities and complex health needs (2023). There will be particular focus on working with uncertainty, multi-agency decision making and the professional leadership that will best help children.

Biography

Annie Hudson is chair of the Child Safeguarding Practice Review Panel since 2021, having taken up this appointment in December 2020. She led the national review into the deaths of Arthur Labinjo-Hughes and Star Hobson which was published in May 2022. Formerly director of children's services at London Borough of Lambeth and Bristol City Council, Annie is an experienced children's services leader. A social worker by background, she has worked as a social worker, academic and researcher (at Manchester University) and senior manager. She is also a trustee of Oxfam GB.

Putting good child health back into childhood

Sharon White OBE (CEO, School & Public Health Nurses Association)

Synopsis

School aged children in England report that they are amongst the least happy across Europe, their health and wellbeing outcomes are declining with an exponential rise in mental health problems; some of this is part of the legacy of the COVID pandemic and is now being further compounded by the impact of the cost-of-living crisis. As key advocates, Paediatricians and School Nurses are critical to driving positive change and improving this bleak picture. This presentation will seek to identify and amplify the shared opportunities and explore a combined Call to Action!

Biography

Sharon White is a qualified nurse, midwife, and school nurse with over 40 years' experience of working with children, young people, and families.

Sharon is Chief Executive Officer of the School and Public Health Nurses Association (SAPHNA). She is recognised as a global expert and, as such, works across national and international Government Departments influencing, challenging, and developing policy whilst positively driving forward the school nursing profession.

In her 'spare time', she is mum to 2, 'grandma' to 2 + 2 and God-mum to too many to recall!

Offering holistic support to children & young people experiencing gender-related distress

Dr Trilby Langton (Clinical Psychologist, University Hospital Bristol & Western/ University of York)

Synopsis

Over the last decade, there has been a significant rise in the number of children and young people who are gender questioning or experiencing gender-related distress. This talk will provide an introduction to the broader picture and examine some of the key changes and themes that have been documented in needs of young people seeking help. The talk will use a child and adolescent developmental approach to explore ways to provide holistic support and care. The session will aim to support delegates to feel confident to apply their existing professional knowledge and skills to support children, young people, their parents/carers and the wider professional network, when gender questions and/or distress first emerges.

Biography

Dr Trilby (Tilly) Langton is a Clinical Psychologist specialising in working with children, adolescents, and their families in NHS teams. Tilly has worked in specialist children and young people's mental health services and in paediatric health psychology.

Tilly is a Visiting Research Fellow at the University of York, contributing to the programme of research for the Independent Cass Review of gender identity services for children and young people. She is a MindEd lead editor and author to a set of NHSE commissioned learning modules on the topic of gender-related questions and distress, which were launched in July 2023.

Tilly previously worked at the Gender Identity Development Service (GIDS) where she developed her direct clinical experience in this area.

Title	<i>Well Being & Health At Transition 'WHAT' - a new transition model for children & young people in special schools</i>
Presenter	Dr Neal McCathie (Consultant Community Paediatrician, Birmingham Community Healthcare NHS Foundation Trust)
Authors	Neal McCathie, Debra Stevens, Florence Rugara
Introduction	Transition is a vital period for young people with complex health and educational needs as they move from a child-centred to an adult orientated health care system. Birmingham has over 25 special schools with over 4000 pupils. Each year there are approximately 350 school leavers. We have developed a bespoke transition model for those in special school called the Well Being and Health At Transition ('WHAT') pathway.
Aims	<ul style="list-style-type: none"> • To have a pathway that offers support to all children and young people in special school starting in year 9, finishing when they leave school. • To have a health review document that is completed by young person and family, accompanies them through school years and is used to produce an individualised health care plan (copied to parent/s and GP). • To have a dedicated transition team in children and families division in trust
Methods	<ul style="list-style-type: none"> • A dedicated transition team was formed • 2 nurses/admin support • Consultation had with service users • A health review document was created - covering health, independence, consent, inclusion, employment • A pathway was devised - virtual introduction meeting Year 9, completion of health review document years 10 and 12, and phone calls to families in years in between • A Health Action Plan is completed in Years 10 and 12
Results	<ul style="list-style-type: none"> • For each cohort of when health review document is sent (year 10 & 12) has approximately 35% return from families (this is increasing as awareness of transition service improves each year) • 100% production of Health Action Plans for those who return document which is sent to GP's • Feedback page included in each booklet to allow ongoing development of service • A trust transition web page has been developed
Conclusions	The 'WHAT' model has addressed the needs of children and young people in special school settings during the transition period. The transition team has also developed support for those with neurodisability in mainstream schools as well as guidance for those in EBD schools. The model has been recognised and supported by the National Transition Network. A number of trusts have expressed interest in using this model.

Title	<i>Heart rate & blood pressure monitoring in ADHD medication clinic: do medications make a difference?</i>
Presenter	Dr Raya Shpilberg (Paediatric Trainee, Whittington Health NHS Trust)
Authors	Raya Shpilberg, Nicole Horwitz
Introduction	Children can be treated with a number of medications for Attention Deficit Hyperactivity Disorder (ADHD), which are known to have effects on blood pressure (BP) and heart rate (HR). These should be monitored regularly in clinic, according to NICE guideline NG87. However not much is known about changes in BP and HR over time for individuals on ADHD medication, as compared to their baseline assessment.
Aims	We carried out a service review to determine whether there was any significant change in BP (blood pressure) centile or HR (heart rate) from baseline, when receiving medication treatment

	for ADHD. We intend to use our data to inform discussions with families when initiating and monitoring medication treatment for ADHD, and stream-lining the paediatric follow up service to increase capacity.
Methods	We carried out an observational, retrospective service evaluation of our regional community paediatric ADHD service. All patients who attended the ADHD clinic under the care of a community paediatrician, over the previous 7 years and who have taken medication to treat ADHD were included. Data was collected from patient records and analysed using descriptive methods and the Wilcoxon Signed-Ranks test.
Results	74 children were prescribed ADHD medications. 73 methylphenidate, 2 lisdexamphetamine, 8 guanfacine. HR both increased (in 5/60) and decreased (in 4/60) in the methylphenidate group and was in the normal range with guanfacine. Wilcoxon signed ranks test was not significant for changes in BP centile in the methylphenidate or guanfacine groups.
Conclusions	There were no significant differences between baseline and treatment HR and BP in children taking ADHD medication. BP can change unpredictably in individuals: it is important to measure it and enquire about cardiovascular symptoms to guide treatment. We can counsel families that BP and HR are rarely significant issues and encourage monitoring with GPs under a Shared Care Agreement in interim medication reviews.

Title	<i>A review of co-morbidities & routine blood test results of children seen in the complex behavioural feeding clinic between Dec 2020-Dec 2022</i>
Presenters	Dr May Yip (ST7 Community CCH Grid trainee, Evelina London & Dr Anahita Khot (FY1 Doctor, Colchester Hospital)
Authors	May Yip, Anahita Khot, Odile Scherrer, Jo Cryer
Introduction	In our complex feeding clinic, we often see children with a variety of different needs and co-morbidities. Although feeding is an issue and we are concerned about growth, we also worry about nutritional deficiencies. If left untreated, these deficiencies can lead to severe illness. To detect any abnormalities, we routinely request blood tests including full blood count, ferritin, iron levels, folate, and Vitamin D. However, the percentage of blood tests with abnormalities detected in this group of children has not been clearly determined.
Aims	The aim of the project is to review the caseload of children and young people referred to the complex feeding clinic between December 2020-December 2022. We want to identify how many of the children seen met the criteria for a diagnosis of ARFID (Avoidant Restrictive Food Intake Disorder) and explore the frequency of key comorbidities in our patient group. Additionally, we aim to identify the number of children who had blood tests requested and had abnormal blood test results in this cohort of patients.
Methods	Inclusion criteria for this study are all new children seen between 1st December 2020 and 31st December 2022. There are no exclusion criteria. The methods used in this study include obtaining a list that has been collected from an ongoing departmental survey of the study population who attended the complex feeding clinic. We reviewed patients' notes on e-noting, clinic letters, and electronic patient records (EPR) to establish if the child has any co-morbidities such as a diagnosis of Autism Spectrum Disorder (ASD), sleep difficulties, anxiety and depression. We review the problem lists on the clinic letter to obtain the diagnosis.
Results	Between December 1st, 2020 and December 31st, 2022, a total of 249 children attended the complex feeding clinic. Of those children, 127/249 (51%) were given the diagnosis of ARFID. The key comorbidities that we looked to identify in this group of children were ASD, sleep difficulties, anxiety and depression. 85/127 children (67%) with a diagnosis of ARFID also had a diagnosis of ASD. 70% (175) of the children seen had blood tests performed. Of those children, 107 had iron levels done and 54/107 (50%) had low levels of iron. A total of 173 children were tested for ferritin levels and 53/173 (31%) had low ferritin. Of those children with blood tests performed, 168 had Vitamin D levels done. A total of 6/168 children (3%) which are deemed deficient and 23/168 children (14%) had Vitamin D levels which are deemed

	insufficient. A total of 147 children were tested for folate levels and 13/147 (9%) were low in folate.
Conclusions	<p>1. A diagnosis of ARFID is more prevalent in children with ASD.</p> <p>2. Ferritin is an important marker of iron deficiency and showed that 1/3 of our children tested were iron deficient. Iron is a less sensitive marker of iron deficiency, but can be helpful to add, if there is concern that Ferritin may be raised for another reason, such as an acute infection. 50% of our cohort had iron deficiency, when just evaluating iron levels, which may therefore be an over-estimate. Iron supplementation should be stressed as an important supplement that is routinely recommended in this cohort.</p> <p>3. Vitamin D deficiency was less prevalent than anticipated, which may be explained by the fact many children who reach us in the Complex Feeding Clinic are already accepting a multivitamin containing Vitamin D.</p> <p>4. The fact we tested for Vitamin D more frequently than Folate highlights that we need to review which blood tests are ordered by our team to ensure a standard policy and equity for our patients.</p>

Title	<i>Bruising in non-mobile babies: what happens next?</i>
Presenter	Dr Graham Thornton (Paediatric Safeguarding Fellow, HCRG Care Group)
Authors	Graham Thornton, Fiona Finlay
Introduction	The Child Safeguarding Practice Review Panel recommend that all cases of bruising in non-mobile children involve: o review by a health professional with appropriate expertise o multi-agency discussion A recent case showed that variation in Safeguarding Board policy, means that a parent's choice of hospital can significantly influence their experience when presenting with injury in a non-mobile baby.
Aims	We reviewed the policies/procedures from safeguarding children partnerships/boards in England, to assess the variation in practice regarding paediatric involvement and whether multi-agency discussion was required. We reflected upon whether national and local policies reflect published concerns regarding safeguarding process.
Methods	Policies were found through www.safecic.co.uk where possible, and where this was not possible a Google search was undertaken. It was not possible to find a policy for 18 boards, the majority of which were in London, despite accessing their shared policy manual. Policies were reviewed by the authors as to whether single agency decision was allowed and whether a Paediatric review was required.
Results	We reviewed 51 policies, representing 117 safeguarding boards. 25/51 required a multi-agency decision, 13 allowed any practitioner to make a single agency decision and 13 allowed a health practitioner to make a single agency decision. Of the latter, 5 obligated a phone discussion with Social Care to see if the family is known to them. Some policies necessitate a paediatric review, whilst some do not specify.
Conclusions	Variable implementation of national guidance leads to differing patient care, which reflects a recent HSIB report highlighting inconsistencies in information sharing. Meanwhile, Bilson challenges the application of data on which these policies are based and the varying definition of independent mobility. We suggest a national review is required before production of definitive national guidance.

Each Workshop lasts one hour and is run twice during the afternoon: 13.30-14.30 & 14.40-15.40.

All workshop rooms are located on the third floor, with room number indicated in brackets after title of session.

Workshop sessions are NOT available for virtual delegates.

Autism & the ears - a conundrum? (Classroom 3.20)

Dr Shankar Rangan (Consultant Audiovestibular Physician in Paediatrics, Wirral University Teaching Hospitals NHS Trust) & Dr Shibani Myne (Consultant Audiovestibular Physician in Paediatric Audiology, Wrexham Maelor Hospital)

Synopsis

The relationship between Autistic Spectrum Disorder and the ears is quite complex. Children on the pathway for diagnosis have speech delay and need a hearing assessment. This can often be challenging, and the challenges and solutions will be discussed.

The link between Autism and hearing loss will be explored and by the end of the workshop the delegates would have a better understanding of the complex link between the two.

One of the commonest sensory problem affecting children with Autism is hyperacusis or increased sensitivity to sounds. This can often be mismanaged. Delegates would get a better understanding of assessing and managing increased noise sensitivity by attending this workshop.

Biographies

Dr Shankar Rangan works as a Consultant Audiovestibular Physician in Paediatrics at Wirral University Teaching Hospital NHS Foundation Trust and is Head of the Department of Paediatric Audiovestibular Medicine. His particular area of interest is aetiology of permanent childhood hearing impairment, and he runs the course "Aetiological investigations for hearing loss in children" at ICH London. His other areas of interest include APD, tinnitus and Hyperacusis in children, Autism and Audiological problems and Paediatric Balance problems. He is the Northern representative for the British Association of Paediatricians in Audiology and the Vice-President of the British Association of Audiovestibular Physicians

Dr Shibani Myne works as a Consultant Audiovestibular Physician in Paediatric Audiology at Wrexham Maelor Hospital and is the medical lead for Paediatric Audiology in Betsi Cadwaladr University Health Board, North Wales. Her clinical work mainly involves assessment and management of children with permanent childhood hearing loss, tinnitus, hyperacusis and balance problems.

She is the BAPA representative for Wales and south west England.

Community child health – training update (Classroom 3.21)

Dr Nia John (Consultant Community Paediatrician and Chair CCH CSAC, Cardiff and Vale University Health Board) & Dr Emma Bradley (Consultant Community Paediatrician and Deputy Chair of CCH CSAC, Sirona Care and health, Bristol)

Synopsis

This will be a Q&A session for trainees and trainers with the chair and deputy chair of the CCH CSAC to discuss training challenges, successes and new practices. Please bring along your questions and examples to share.

The session will include a discussion about the potential impact of Progress Plus on CCH exposure and subsequent recruitment and we would be very interested to hear from you about your examples of innovative practice.

We get frequent queries about out-of-hours working for CCH trainees – another topic for discussion – different areas have different models and sharing practices may be helpful to those wanting to change the arrangements in their area.

This session will be led by the attendees, with discussions focussed on current areas of challenge for those attending.

Biographies

Nia is a Consultant Community Paediatrician in Cardiff and is the chair of the Community Child Health CSAC. She has varied experience in Community Child Health training having held roles as Specialty Training Adviser and Training Programme Director in the Past.

Emma is a Consultant Community Paediatrician in Bristol, designated doctor for safeguarding and a TPD. She is the deputy chair of the Community Child Health CSAC. she has a long-standing interest in supporting postgraduate doctors in training.

Demystifying the child sexual abuse medical (Classroom 3.22)

Dr Helen Chaplin (Designated Doctor for Safeguarding, Birmingham & Solihull Integrated Care Board)

Synopsis

We will explore the reasons why a child might be referred for a Child Sexual Abuse (CSA) medical and what the holistic medical assessment should include. We will cover anatomy, examination techniques and possible findings along with what the evidence says about interpretation of these. There will be the opportunity to practice these skills in an interactive workshop based on cases. We will cover medical conditions that can be confused with CSA, and discuss when it is appropriate for a primary/secondary care clinician to examine a child versus when is it appropriate to refer for a CSA examination.

Biography

Helen Chaplin is a Consultant Community Paediatrician working for Birmingham Community Healthcare since 2014. She is a Designated Doctor for Safeguarding for Birmingham and Solihull ICB. She has been involved in Child Sexual Abuse examinations as part of the West Midlands Paediatric Sexual Assault Service in the past, and also carries out FGM Medicals within Birmingham.

Diagnosing learning disability for community paediatricians (Classroom 3.23)

Dr Sophie Carter (Consultant Community Paediatrician, Birmingham Community NHS Trust)

Synopsis

For children and young people, learning disability is an important diagnosis as it opens the doors for them to other services, and once 14, the yearly GP health check and reasonable adjustments moving into adult services. Community paediatricians are often able to identify and diagnose learning disability in the patient population they see but feel unsure if they can do this without formal cognitive assessment. This workshop aims to identify all the different areas of evidence from academic to daily functioning that can be used in a learning disability assessment, on the background of the new ICD 11 definition of learning disability. The workshop will use case studies to work through these areas of evidence.

Biography

Sophie is a Consultant Community Paediatrician working in Birmingham Community NHS Trust. She works jointly with the children's learning disability service in Birmingham Child and Adolescent mental health service, as the liaison between community paediatrics and the learning disability service, as well as providing paediatric assessment for health issues in children with learning disability and autism assessments. She is also the Director of Medical Education for her trust, having previously been the trust paediatric College Tutor.

Gastrointestinal dystonia: community paediatrics & palliative medicine working together (Classroom 3.24)

Dr Jill Yates (Consultant Community Paediatrician, NHS Lothian) & Dr Lizzie Bendle (Consultant in Paediatric Palliative Medicine, Guys & St Thomas' Hospital)

Synopsis

Community Paediatricians play an important role in the management of children with complex neurodisability. At the session representatives from The Association of Paediatric Palliative Medicine

(APPM), which has just become affiliated with BACCH, will be presenting the new guidelines on the management of GI dystonia, and how this is relevant to community paediatricians in their practice. They will explore this through interactive case studies that are relevant to community paediatricians in their practice.

The facilitators also want to hear from delegates about the challenges they face in this field and what APPM can do to try and support colleagues.

At the end of this session, participants will:

- Have an understanding of what GI Dystonia is
- Recognise how GI dystonia can present in children with complex neurodisability
- Have an understanding into the management of GI Dystonia
- Have an understanding of how community paediatricians can work alongside colleagues in paediatric palliative care
- Have contributed ideas in how the affiliation of APPM and BACCH can develop

Biographies

Jill Yates is a Consultant Community Paediatrician working in NHS Lothian with an interest in Neurodisability. She was involved in the writing of the APPM Guidelines for GI Dystonia and has presented the guidelines at the 5th All Ireland Children's Palliative Care Conference and for Project ECHO. She is the Community Paediatric and Scottish representative for the APPM and their representative on BACCH Executive.

Lizzie Bendle is a Consultant in Paediatric Palliative Medicine at Evelina London. She is on the executive committee of APPM and she is their Communications and Development officer.

QbTest: supporting child centred care & clinical decision making (Classroom 3.25)

Jo Barosa (Account Director, Qbtech) & Dr Neeta Kulkarni (Consultant Paediatrician, Leicestershire Partnership NHS Trust)

Synopsis

QbTest is a NICE recommended resource for clinical practice, implemented nationally as part of an NHS England National Programme. Access to robust, objective data provides opportunities to position patients at the centre of care, whilst at the same time supports the clinician to understand the clinical significance of symptomology that clinicians both want and need. The workshop will discuss the service, patient and service benefits drawing from real examples of national use.

Biographies

Jo has over 20 years' experience working in the ADHD arena and is passionate about improving outcomes for children and adults by consulting on ADHD care pathways, supporting services in best practice and positive change. As operational lead for the National Programme (Focus ADHD) and working collaboratively with the Academic Health and Science Network, NHS England and NHS services, she is proud to have played a part, alongside colleagues, in improving the access of objective testing (QbTest), as part of a quality improvement initiative. This has been awarded the Health Service

Journal Award Partnership in Mental Health 2022 alongside the Health Service Journal Award for Digital Innovation in Mental Health 2019.

Neeta is a Consultant Community Paediatrician with over 15 years of experience in managing children with neurodevelopmental disorders. She was a Local Principal Investigator for two multicentre trials using QbTest (an objective test for assessing ADHD) in collaboration with Professor Chris Hollis and Charlotte Hall from University of Nottingham. She subsequently led the clinical implementation of this test in Leicestershire Partnership Trust which is now included in the ADHD pathway. She was lead for two East Midlands Academic Health Science Network projects (projects received HSJ awards) related to the use of QbTest. Neeta continues to collaborate with the University of Nottingham team for ongoing research.

From 09:00	Registration (day delegates only)
09:20	Welcome & intros (Academic Convenor)
09:30	<i>From research to clinical practice & beyond: is what we know about anxiety & autistic girls reflected in how we support them?</i> Lucy Sanctuary (Highly Specialist Speech & Language Therapist and CBT Practitioner specialising in autism, Lucy Sanctuary Ltd)
10:15	Abstract presentations (see pages 17-18) 10.15-10.30 <i>Developmental disorders in children born at 32-38 weeks gestation: a meta-analysis</i> (Dr Katherine Pettinger) 10.30-10.45 <i>Evaluating the preparedness of community paediatricians for genomic medicine: a service evaluation</i> (Dr Celine Lewis)
10:45	Refreshments & Poster session
11:05	Abstract presentations (see pages 18-19) 11.05-11.20 <i>Oral Health in Children with Neurodisability</i> (Dr Sarah Rodrigues) 11.20-11.35 <i>Vitamin D in children & young people with Cerebral Palsy: an audit of clinical practice & proposal of a clinical care guideline</i> (Jessica Lumsden & Dr Sinead Doyle)
11:35	<i>Challenges & opportunities in health visiting: tap turners or more mops & buckets?</i> Victoria Gilroy (Head of Projects, Institute of Health Visiting)
12:20	Lunch & Poster session
13:20	Personal Practice Workshops (in-person delegates only) 2 x one-hour sessions (with 10-minute changeover) - session 1: 13.20-14.20 - session 2: 14.30-15.30 <i>See pages 20-22 for details</i>
15:30	Refreshments & Poster session
15:45	<i>Resetting services to disabled children: lessons from rapid service changes during the COVID-19 pandemic</i> Prof Lindsay Pennington (Professor of Childhood Neurodisability, Newcastle University)
16:30	Closing remarks & awarding of Prizes
16.40	Meeting closes

From research to clinical practice & beyond: is what we know about anxiety & autistic girls reflected in how we support them?

Lucy Sanctuary (Highly Specialist Speech & Language Therapist and CBT Practitioner specialising in autism, Lucy Sanctuary Ltd)

Synopsis

Our understanding of autism is continually evolving, reducing stereotyped ideas, and increasing awareness of neurodiversity. Recent research has highlighted differences for girls, including the impact of being misunderstood and unsupported. This has helped to update ideas and promote understanding in terms of diagnosis, therapeutic support, and education. However, despite considerable research into gender, autism, and mental health, a very high number of autistic girls struggle in mainstream schools. They often end up not completing their education, being excluded or being out of school for a while as they are unable to manage the environment. Rates of co-morbid mental health difficulties, including eating disorders, self-harm, and suicidal ideation remain higher in this population than others, which begs the question why, when we have a large number of studies that provide us with a wealth of information we could use to put appropriate support in place to improve the quality of life for autistic girls. This presentation highlights what we know, what the literature shows we should be doing, and explores reasons why this has not filtered down to clinical practice and education.

Biography

I am a neurodivergent Highly Specialist Speech & Language Therapist, and Cognitive Behaviour Practitioner, specialising in Autism Spectrum. I have a MSc in CBT for Children and Young people (specialising in AS) from the Anna Freud Centre and UCL. I have worked for several NHS Trusts providing autism assessment, training and support for children aged 2 to 18 and their families, including Kent Community Health NHS Foundation Trust and Guys & St. Thomas' NHS Foundation Trust. I often give talks on autism and related topics and provide training to schools, universities, NHS trusts and parents. I have published four speech and language therapy books and am involved in a research study on autistic masking with Laura Hull (Bristol University). I recently trained to be an ADOS-2 trainer (Autism Diagnostic Observation Schedule).

Challenges & opportunities in health visiting: tap turners or more mops & buckets?

Victoria Gilroy (Head of Projects, Institute of Health Visiting)

Synopsis

Health visitors have a unique role in supporting early identification and prevention. This presentation will explore the need to focus on investment upstream as part of a whole systems approach. The current context of health visiting will be considered, including insights from practice gathered from the Institute of Health Visiting national survey.

An overview of the current Institute of Health Visiting workstreams aimed at supporting professional practice will be provided, with consideration for future opportunities for collaboration.

Biography

Victoria is a Fellow of the Institute of Health Visiting (iHV), with over 30 years of experience in health care. She has been fortunate to engage in a wide variety of roles, including; health visiting, clinical lead for children's community nursing, commissioning manager, service and strategic management posts, and lecturer in higher education, before joining the iHV as Head of Projects and Evaluation. She is passionate about continuing to develop excellence in practice to support the health and the well-being of babies, children, and their families. She is currently involved in a range of national projects to support health visitors and their teams to provide the best start in life for all children as part of a whole-family approach.

Resetting services to disabled children: lessons from rapid service changes during the COVID-19 pandemic

Professor Lindsay Pennington (Professor of Childhood Neurodisability, Newcastle University)

Synopsis

The COVID-19 pandemic resulted in rapid changes to service provision for disabled children, with consequences for children's physical and mental health and their family's wellbeing. Researchers from Newcastle University are leading an NIHR funded project that aims to learn from the changes to services for disabled children to inform practical policy solutions for service recovery and to define minimum acceptable, effective core health service provision for future emergencies and lockdowns. The project gathered evidence from a review of international research of the impacts of service change; analysis of contacts with NHS services before and during the pandemic; and interviews of parent carers, young people and multi-sector professions who provide and commission services to disabled children and their families. Recommendations for service provision in future emergencies were developed from the findings and finalised in a national Delphi survey. The presentation will summarise the findings of the study and present the recommendations for commissioning and delivery of care in future emergencies.

Biography

Lindsay Pennington is a Professor of Childhood Neurodisability and Honorary Consultant Speech and Language Therapist. Her research largely focuses on the impact of childhood neurodisability conditions on young people's communication, health and well-being and the effectiveness and acceptability of health and social care interventions. She has a particular interest in motor speech disorders, children's eating and drinking difficulties and the organisation and delivery of multi-sector care to children.

Title	<i>Developmental disorders in children born at 32-38 weeks gestation: a meta-analysis</i>
Presenter	Dr Katherine Pettinger (Research Fellow, University of York)
Author	Katherine Jane Pettinger
Introduction	Developmental disorders such as cerebral palsy, cognitive impairment, and ADHD are known to be more prevalent amongst children born very preterm. Emerging evidence suggests children born at 32-38 weeks gestation might also be at risk.
Aims	to determine the relative risk and prevalence of developmental disorders in children born moderately preterm, late preterm, and early term compared to term (≥ 37 weeks) or full term (39-40/41 weeks).
Methods	Data Sources included Medline, Embase, Psycinfo and Cumulative Index of Nursing & Allied Health Literature. Included studies reported at least one developmental disorder (including poor educational achievement), provided estimates for children born 32-38 weeks, and were written in English. A single reviewer extracted data; a 20% sample was checked by a second reviewer. Data were pooled using random-effects meta-analyses.
Results	76 studies were included. Studies assessed children at different ages using varied criteria. The majority of were from economically developed countries. The highest relative risk was for cerebral palsy (CP) (14.1, 95% confidence interval (CI): 12.3 to 16.0) for children born 32-33 weeks compared to term. However, CP had a low prevalence compared to other developmental disorders: per 1000 children born at 32-33 weeks: CP 17.1 (95% CI: 15.1, 19.3); low educational achievement: 304 (95% CI: 285, 324); per 1000 children born at term: CP 0.23 (95% CI: 0.21, 0.26); low educational achievement: 163 (95% CI: 162, 164).
Conclusions	Children born between 32-38 weeks are at increased risk of developmental disorders compared to term born children. The increased risk and prevalence was seen even in the 'early term' (37-38 week) group for almost all developmental disorders. Determining those who are at particularly high risk and how best to support them through childhood is vital.

Title	<i>Evaluating the preparedness of community paediatricians for genomic medicine: a service evaluation</i>
Presenter	Dr Celine Lewis (Principal Research Fellow in Genomics, University College London Great Ormond Street Institute of Child Health)
Authors	Sophie Marlowe, Celine Lewis, Michelle Peter, Melissa Hill
Introduction	Genomic medicine (GM) was mainstreamed across the NHS in 2018 as part of the newly established Genomic Medicine Service (GMS). This involved non-genetics healthcare professionals incorporating genomic testing into their clinical practice, thus increasing genomic testing capacity across the NHS and aiming to improve equity of access. This included the use of more complex testing technologies, such as whole genome sequencing (WGS). There is currently a lack of UK-based research on non-genetics healthcare professionals' experiences with and attitudes towards genomic medicine, particularly since the advent of the GMS. Additionally, there is a lack of research involving community paediatricians, who are a key part of the non-genetics workforce and see patients who may benefit from genomic testing as part of their clinical practice. This includes children with neurodisability, possible epilepsy syndromes and other congenital abnormalities.
Aims	This service evaluation project was conducted to evaluate the preparedness of one group of non-genetics healthcare professionals, community paediatricians, for genomic medicine and WGS. Secondary research aims looked at the current opinions and attitudes of community paediatricians towards genomic medicine, whether they had begun to offer genomic testing, namely WGS, in their practice. An additional aim was to identify possible factors to improve the preparedness of community paediatricians for participation in GM.
Methods	This was a qualitative study including semi-structured interviews with 17 NHS community paediatricians working across England. The Consolidated Framework for Implementation Research was used to devise the topic guide used for the interviews and is an evidence-based

	framework used in implementation design and evaluation of an innovation. Questions included: views regarding GM including perceived benefits, knowledge and confidence around delivering WGS; the current physical, social and educational barriers to involvement; demotivating factors; and factors that would enable better engagement. The capability, opportunity and motivation behaviour model (COM-B), an implementation framework to measure behaviour change, was used to analyse the data. The COM-B has three main interacting domains comprising: capability, motivation and opportunity. These are further divided into subthemes specific to the intervention being studied, representing different components that influence behaviours within that specific context. For example, capability is divided into psychological capability and physical capability, which are then further subdivided, guided by the intervention specific themes. This model was deemed appropriate to the research aims as it focused on individual attitudes and behaviours.
Results	There was high variability amongst participants' self-rated knowledge in GM; most participants had a baseline understanding of genetics, but only a minority had a detailed understanding of WGS. There was a range of experience in carrying out GM related tasks, including consenting, ordering tests, and giving results. Provision of resources, namely funding, time and workforce were main barriers to the implementation of GM. Some participants communicated not yet being allowed to order WGS and having to refer patients to Clinical Genetics. There was a wide spectrum of educational opportunities, e.g., training sessions, that participants had access to. Competing clinical priorities prevented engagement with educational opportunities. Participants generally felt well-supported by colleagues at their local Genomic Medicine Service Alliance and by colleagues in Clinical Genetics. Several participants commented that there had been poor communication from those organising the GMS and a lack of support for their departments. Perceived benefits of genomic medicine including improved clinical management (earlier diagnoses, better prognostication, personalised therapies) and family planning options. Participants were receptive to change but had concerns regarding the effectiveness of its implementation. More funding and resources were suggested for improving engagement. Participants voiced concerns around ethical issues, genomic data privacy and the needs of specific patient populations.
Conclusions	Provision of resources, mainly funding, time, and a supportive workforce are significant factors to improve engagement with GM in this group of non-genetics clinicians. Genomic literacy is important for both clinicians and patients. Incorporation of effective and accessible GM education is therefore necessary and could include compulsory genomics education for all non-genetics clinicians. Earlier engagement with mainstreaming clinicians by those organising the GMS is important prior to initiation to ensure adequate allocation of resources and support. Recommendations for practice will be made in a planned academic paper and disseminated across Royal Colleges. In conclusion, recognition of the key barriers highlighted by participants in this study will facilitate improved implementation strategies for non-genetics clinicians involved with mainstreaming.

Title	<i>Oral Health in Children with Neurodisability</i>
Presenter	Dr Sarah Rodrigues (Paediatric Registrar, Brent Community Service, London Northwest Healthcare NHS Trust)
Authors	Sarah Rodrigues, Nilmi Ekanayake, Reeta Gupta
Introduction	Tooth decay is the leading cause of hospital admissions in 5 to 9 year olds 1. In 2017, 23 % of 5 year olds had decay 1. Children with neurodisability are at increased risk of dental issues 2. Dental decay can cause pain, sepsis and compromised growth and development 2. Regular toothbrushing, regular dentist visits and reduced sugar consumption prevent decay 1, but the importance of oral hygiene is often overlooked.
Aims	We aimed to review how often oral hygiene was discussed and assessed when children with neurodisability were reviewed in our local Child Development Clinic, at a specialist school for children with complex needs, over the past year. Our objectives were: 1. To determine how often oral hygiene was discussed and documented in reports. 2. To determine how often the oral cavity was examined and documented in reports.
Methods	Special school child development clinic letters were reviewed retrospectively. A sample of 20% of children seen between 11/2021 and 11/2022 were randomly selected, with

	adjustments made dependent on consultant case load, to ensure a proportionate sample. Parameters recorded included any documentation of: discussion of dental hygiene, dental hygiene advice provided and examination of child's dentition.
Results	A total of 27 patient reports were reviewed. Patients were aged between 5 and 17 years, with a wide range of medical conditions. 55% (15/27) had a recorded discussion of dental hygiene. No patients had a record of date last seen by dentist. 44% (12/27) had frequency of teeth brushing recorded. Dental hygiene advice was provided in 41% (11/27) of cases. Only 22% (6/27) had clear documentation of dental examination.
Conclusions	Our findings highlight a need for improvement in oral hygiene assessment, in children with neurodisability. To improve clinicians' knowledge, teaching was provided on how to assess oral hygiene and what advice to give, based on Mini Mouth Care Matters 2. We aim to incorporate oral hygiene assessment into our local assessment proforma and to develop a local guideline to ensure oral hygiene is routinely reviewed. 1. Royal College of Surgeons. 2019. Position Statement on Children's Oral Health. 2. NHS Health Education England. 2019. Mini Mouth Care Matters.

Title	<i>Vitamin D in children and young people with Cerebral Palsy: an audit of clinical practice and proposal of a clinical care guideline</i>
Presenters	Jessica Lumsden (Medical Student, Brighton and Sussex Medical School) & Dr Sinead Doyle (Consultant Community Paediatrician, Sussex Community NHS Foundation Trust)
Authors	Jessica Lumsden, Sam Williams, Sinead Doyle
Introduction	Vitamin D plays a vital role in bone mineralisation and prevention of chronic disease. CYP with Cerebral Palsy have a 2.7 times increased risk of deficiency, related to risk factors including immobility and poor sunlight exposure, feeding difficulties, and use of antiepileptics. Current NICE guidance is non-specific in terms of frequency of testing and prevention and treatment of deficiency.
Aims	Our aims were to: <ul style="list-style-type: none"> • Audit current practice of Vitamin D monitoring and supplementation for CYP with Cerebral Palsy (GMFCS levels IV and V) attending Chailey Heritage School in Sussex. • Compare results with previous audit cycle to look at changes in practice over time • Develop a clinical guideline to improve and standardise care
Methods	Clinical and pathology records were inspected for 88 children aged 5-25 years. Information extracted included feeding method, evidence of vitamin D testing in the last 24 months, serum vitamin D level and supplementation method and dose. Results were compared with those of an earlier audit of 85 CYP performed in 2014. A literature review was also performed to evaluate the evidence base for a new clinical care guideline.
Results	50% CYP underwent testing consistently. An improvement in serum levels is demonstrated, with 91% having a sufficient level compared to 42% in 2014. An improved supplementation rate is also seen, with 100% CYP with low vitamin D being supplemented compared to 56%. Dosing of supplementation is variable, and impacted by feeding method. 5% fully milk fed CYP did not receive 400IU daily, compared to 29% of mixed fed and 22% of orally fed CYP.
Conclusions	CYP with CP GMFCS IV-V are at increased risk of vitamin D deficiency, low bone mineral density and fracture. Despite vitamin D being a modifiable risk factor, not all are being screened or are receiving preventative supplementation.

Each Workshop lasts one hour and is run twice during the afternoon: 13.20-14.20 & 14.30-15.30.

All workshop rooms are located on the third floor, with room number indicated in brackets after title of session.

Workshop sessions are NOT available for virtual delegates.

Autism: from research to clinical practice (Classroom 3.20)

Dr Ian Male (Consultant Community Paediatrician/Honorary Senior Lecturer, Sussex Community NHS Foundation Trust) & Dr Michelle Heys (Associate Professor Community Child Health/ Consultant Community paediatrician, Great Ormond St ICH/East London NHS Foundation Trust)

Synopsis

This workshop will focus on the interplay between our clinical roles and research. We will explore using examples of research the presenters have led exploring how we can improve access to autism diagnostic assessment, whether at national level, or working with ethnic minorities, how the clinical challenges we face can inform the research questions we ask, and approaches we use to answer the question. We will also discuss how research can then inform changes and improvements in service delivery.

This should be of interest to anyone involved in autism service delivery, and equally to those wanting to be more involved in research. We will share our key/emerging findings but the will focus on the role of research and how to get involved.

Biographies

Ian Male is a consultant community paediatrician and honorary senior lecturer based in Sussex. He is BACCH workforce officer, and a member of the BACCH research group. He has a broad interest in paediatric neurodisability, and social paediatrics, with a particular focus, clinically and research wise, on autism and related neurodevelopmental conditions. He has recently led the Realist Evaluation of Autism Service Delivery study exploring how we can improve timeliness and quality of autism diagnostic services.

Michelle Heys is an Associate Professor of Global Child Health and a Community Paediatrician looking after children and young people with cerebral palsy and learning disabilities in Newham, East London.

Michelle holds three national UK roles to communicate and influence research strategy: member of the NIHR Health Technology Assessment committee for Community and Social care, Chair of the Research Strategy group of BACCH and academic convenor for the BACACPH.

CESR: myth busting & update on reforms (Classroom 3.21)

Dr Sudipta Sen (Consultant in Paediatric Neurodevelopment, Hounslow and Richmond Community Healthcare NHS Trust) & Ben Harper (CESR Coordinator & Training Service Administrator, RCPCH)

Synopsis

Aim: the workshop will outline the core principles of CESR, helping you to understand what is expected of you, how to avoid common pitfalls and prepare an effective application without the extra time and cost of reviews. As the GMC is changing the CESR evaluation process in late 2023, you will also be informed and updated on how these changes may affect you.

Learning outcomes: Understand if CESR is the right route for career Paediatricians who are outside training posts. How to collect relevant supporting evidence required by candidates and the support that can be provided to them by their Educational and Clinical Supervisors within NHS framework. The 2 hours are just enough as a taster and will motivate the Paediatricians to attend the CESR Study Days at RCPCH (jointly with GMC)

Vision: De-mystify CESR process and encourage experienced and passionate Paediatricians to follow the CESR route and become Consultant Paediatricians in UK, in their chosen general or sub-specialties.

Biographies

Sudipta Sen is a career Paediatrician in her 29th year, of which 23 years have been in NHS. She is currently working as Lead Clinician in Richmond Community Paediatric Services, under 5 Autism Service Lead and the Named Doctor for Safeguarding Children in Richmond since 2015. She is also a private practitioner in Neurodevelopmental Paediatrics. Having left specialist training and joining the specialist

register through CESR. She has first-hand experience of the CESR process and understand the journey of the candidates.

Ben Harper is the Lead Coordinator for CESR in the RCPCH training and administrative services. He is based at RCPCH and has been involved in this process for more than 10 years. He is there to share the small and big challenges of the candidates on the CESR route, answer queries through experts, coordinate with GMC, help and support candidates, organise training for assessors for CESR applications and facilitate the meetings for the CESR Subcommittee for CESR in RCPCH.

Challenging behaviours in neurodiverse children (Classroom 3.22)

Dr Bo Fischer (Consultant Paediatrician, West Suffolk NHS Foundation Trust/ Deputy Convenor Paediatric Mental Health Association) & Dr Bethanne Willingham (Consultant Clinical Psychologist East London NHS Foundation Trust)

Synopsis

This workshop aims to deliver the following learning outcomes:

- To understand challenging behaviour as representing the communication of unmet needs or wishes by children with neurodevelopmental conditions.
- To share a framework for understanding the factors underlying challenging behaviour, including helpful strategies and resources for children, teenagers and parents with neurodevelopmental conditions.
- To consider strategies and factors that enable or hinder inter-agency support for children with neurodevelopmental conditions and challenging behaviour.

Biographies

Bethanne Willingham has worked with neurodivergent children, young people, their families and systems since qualifying as a Clinical Psychologist in 2007. She works in a specialist NHS CAMHS neurodevelopmental team in London and in private paediatric neuro-rehabilitation. She is passionate about improving quality of life, psychological wellbeing and mental health in this group of people. Her research interests are in the bioethics of psychological, behavioural and psychiatric interventions used with this group.

Bo Fischer is a Consultant Paediatrician working in community paediatrics in West Suffolk. She has subspecialised in paediatric mental health and has been working with children and young people within children's community multidisciplinary teams since 2008. She has been an active member of the Paediatric Mental Health Association for 15 years and is Training and Assessment Advisor for the College Specialty Advisory Committee for Child Mental Health at the RCPCH.

Improving professional practice in managing intrafamilial Child Sexual Abuse (Classroom 3.23)

Dr Joanna Garstang (Consultant Community Paediatrician /Associate Professor, University of Birmingham)

Synopsis

Learning outcomes:

- To understand key learning points from Child Safeguarding Practice Reviews and Serious Case Reviews relating to intrafamilial child sexual abuse
- To be able to share concerns about possible child sexual abuse with colleagues from social care and education
- To recognise the different ways children may disclose sexual abuse
- To consider some of the challenges that we face when concerned that a child may be experiencing sexual abuse

This workshop will consider the findings of a recent analysis of serious safeguarding reviews of intrafamilial CSA. Participants will be encouraged to reflect and join in group discussions on how we can improve our own practice to identify children being abused, and ensure effective action is taken to protect them

Biography

Joanna Garstang is a Clinical Associate Professor of Child Protection at the University of Birmingham, Consultant Community Paediatrician and Designated Doctor for Child Death for Birmingham and Solihull.

Her specialist areas are in safeguarding children, Child Death Review and Sudden Unexpected Death in Childhood. Joanna's PhD was an evaluation of multi-agency investigation of unexpected infant death from both the parents' and professionals' perspectives, more recently her research has focussed on improving multi-agency working in safeguarding and preventable child mortality. Joanna has been part of the team conducting the biennial and triennial analyses of Serious Case Reviews, and the more recent annual analysis of Local Child Safeguarding Practice Reviews. Joanna is Chair of the Association of Child Death Review Professionals, and a Specialist Medical Advisor to the National Child Mortality Database. She is the current Academic Convenor of BACCH.

Population health management for paediatricians (Classroom 3.24)

Dr Simon Lenton (Retired Community Paediatrician/ Co-Chair of BACAPH) & Professor Mitch Blair (Emeritus Professor of Paediatrics and Child Public Health, Imperial College)

Synopsis

The workshop will start with a brief introduction about the role of Population Health Management within Integrated Care Systems followed by an example to illustrate the principles and approach when selecting topics for a population approach.

This will be followed by a short brainstorm with workshop participants to identify suitable topics.

A number of topics will then be selected for participants to work through a population health management cycle to identify the steps required for success.

The intention is to continue the work of the workshop in future facilitated videoconferencing with interested participants to create ongoing learning around population health management.

Learning objectives:

- Understand the concept of population health management.
- Identify suitable topics for a population approach.
- Begin to understand the practical steps required to success.

Biographies

Mitch Blair is an emeritus Professor of Paediatrics and Child Public Health at Imperial College, London.

Simon Lenton is currently the Co-Chair of the British Association for Child and Adolescent Public Health (BACAPH).

Both have been involved with the development of Community Child Health services over the last three decades.

The GRID application process - how to maximise your chances of success

(Classroom 3.25)

Dr Nia John (Consultant Community Paediatrician and Chair CCH CSAC, Cardiff and Vale University Health Board) & Dr Emma Bradley (Consultant Community Paediatrician and Deputy Chair of CCH CSAC, Sirona Care and health, Bristol)

Synopsis

This session is for trainees planning to apply for GRID posts in Community Child Health and for supervisors who may be supporting trainees applying.

We will discuss how to ensure you maximise scores on the application form to ensure that you get an interview and the common themes at medical interviews to help preparation for this part of the process.

Biographies

See page 12.

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Therapeutic Indication: Ceyesto is indicated for short-term treatment of jet lag in adults and for insomnia in children and adolescents aged 6-17 years with ADHD, where sleep hygiene measures have been insufficient.

Posology: Jet Lag: The standard dose is one 3mg tablet daily at local time to go to bed on arrival at destination for a maximum of 4 days. The dose that adequately alleviates symptoms should be taken for the shortest period. On re-synchronisation following jet-lag, Ceyesto should not be taken before 20:00 hr or after 04:00 hr at destination. No dosing alterations are required in elderly patients. **Insomnia in children and adolescents 6-17 years with ADHD:** One 3mg tablet should be taken 30-60 minutes before bedtime. Ceyesto is suitable only when the lowest effective dose has been established to be 3mg. Maximum dose: 3mg. Limited data are available for up to 3 months of treatment. The physician should evaluate the treatment effect at regular intervals and consider stopping treatment if no clinically relevant treatment effect is seen.

Method of Administration: Tablets should be swallowed with a glass of water. It is recommended that food is not consumed approximately 2h before or 2h after Ceyesto intake.

Contraindications: Hypersensitivity to the active substance or any excipients.

Special warnings and precautions: May increase seizure frequency in patients who experience seizures (e.g. epileptic patients). Melatonin may promote or increase the incidence of seizures in children and adolescents with multiple neurological defects. Ceyesto is not recommended in patients with autoimmune diseases, hepatic impairment, severe renal impairment, patients with cardiovascular conditions and concurrent antihypertensive medication and those < 18 years old for Jet Lag. Caution is advised when resulting drowsiness is likely to be associated with a risk to safety. Caution is advised when using together with anticoagulants. Currently the safety profile of melatonin in children and adolescents is not fully established, especially in long-term use. Long-term melatonin use may negatively affect blood glucose control, pubertal development and sexual maturation.

Interactions: Ceyesto's metabolism is mainly mediated by CYP1A enzymes, hence interactions as a consequence of the effect of other active substances on CYP1A enzymes are possible. Ceyesto may enhance effects of other sedative substances e.g. benzodiazepines, non-benzodiazepine hypnotics, alcohol, thioridazine. Concurrent use of Ceyesto and nifedipine may increase blood pressure. Ceyesto may enhance the effect of anticoagulants such as warfarin and direct-acting anticoagulants; INR should be checked when used together.

Pregnancy & Lactation: Ceyesto is not recommended in pregnant and lactating women or women intending to become pregnant.

Undesirable effects: No very common ($\geq 1/10$) or common ($\geq 1/100$ to $< 1/10$) undesirable effects listed for jet lag. The most frequently reported adverse effects in jet lag are drowsiness, headache, dizziness and nausea. No very common ($\geq 1/10$) or common ($\geq 1/100$ to $< 1/10$) undesirable effects listed for insomnia in children and adolescents 6-17 with ADHD. A low frequency of in general mild adverse reactions have been reported in the literature and paediatric population in short-term use (up to 4 weeks). The number of adverse reactions has not differed significantly between children who have received placebo compared to melatonin. The most common adverse reactions were headache, hyperactivity, dizziness and abdominal pain. No serious adverse reactions have been observed. For information on other undesirable effects, please consult full Summary of Product Characteristics.

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References: 1. Melatonin product prices accessed via DM+D August 2023
2. Melatonin product SmPCs accessed at www.medicines.org.uk August 2023
3. SmPC Ceyesto[®] 3mg tablets available at www.mhra.gov.uk Access date: August 2023

CE0103

Date of preparation: August 2023

Posters are listed alphabetically by title below and are displayed in the ground floor atrium area. (Not available for virtual delegates to view.)

****Title and author details are as listed on abstract submission****

Title	Authors
<i>A Service Review Audit on Diagnosing and Managing Children with Septo-Optic Dysplasia at Alder Hey Children's Hospital</i>	Harmony Cheema, Suchitra Chandrasiri, Zahabiyah Bassi
<i>A study on the medical surveillance of children with Down's Syndrome born at a District General Hospital in the UK</i>	Hannah Cooney, Rebecca Delap, Menik Upatissa
<i>ARFID Made Easy: a simple Questionnaire to aid assessment</i>	Gillian Baksh, Fatima George
<i>Ascertaining risk of foetal alcohol spectrum disorder at initial health assessments for children in care</i>	Layla Beckett; Michelle Bond
<i>Celebrities of Instagram: Influencers of Unsafe Sleep?</i>	Craig Bragg, Elizabeth Venables, Joanna Garstang
<i>Diagnostic accuracy of AIMS Modified INCLIN Diagnostic Tool (AIMS Modified INDT-ASD) for diagnosis of ASD - an Indian Perspective</i>	Abhinayaa Janakiraman, Fatima George, Udhayakumar Narasimhan
<i>Establishing agreement on acceptable and effective services and core provision for disabled children in future emergencies</i>	Hannah Merrick, Chris Morris, Jeremy Parr, Amanda Allard, Lindsay Pennington
<i>Evaluation into the experience of phlebotomy for children with learning difficulties</i>	Emma Murphy
<i>Experience of Clinical Nurse Specialists in Community Child Health</i>	Kavitha Gunasuntharam
<i>Foetal alcohol spectrum disorders (FASD) and the effect on the heart</i>	Tuba Sert
<i>Investigating parent carer and allied health professional perspectives on the use of telehealth for disabled children and young people during the COVID-19 pandemic</i>	Hannah Merrick, Helen Driver, Kiera Nixon, Lily Potts, Cath Exley, Amanda Allard, Chris Morris, Jeremy Parr, Lindsay Pennington
<i>Participation of adolescents in production of information leaflet about child protection (CP) medical as following an audit of Sirona safeguarding service delivery standards, comparing with RCPCH</i>	Saba Hussain, Latha Chandramouli
<i>Prevalence of autism in different ethnic groups in Europe, North America, and Oceania, 2021-2023</i>	Sophie McGrevey, William Farr, Ian Male, Anjum Memon

Title	Authors
<i>Re-wilding the Child Development Centre: growing greener paediatricians</i>	Eleanor Boddy, Rebecca Rhodes, Catherine Bushill, Katherine Martin, Elizabeth Marder
<i>Serious safeguarding events involving children with ASD - shared learning points for clinicians and other allied professionals</i>	Ryan Lethem
<i>Survey of Autism Assessment Pathways in the UK</i>	Diane Daley, Stella Yeung
<i>Teaching the Teacher: improving information gathered from schools for Autism Assessments</i>	Ruth Huey, Damian Rooney, Natalie Killough, Janice Bothwell
<i>The Inbetweeners: a review of the barriers and facilitators in the process of the transition of children and young people with chronic health conditions into adult health services</i>	Heather Freeth, Antony Michalski, Katie Malbon, Alison Tavaré, Nicholas Mahoney
<i>Understanding the early help offer from Community Paediatric services</i>	James Cook
<i>Wellbeing Clinic: improving a non-acute safeguarding clinic in an inner-city London borough</i>	Debbie Levene, Stefanie Lewis, Vivienne Hobbs

BACCH would like to thank the following exhibitors for their support.

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