Results 180 patients participated in the study: 95 patients were male and 85 were female. The combined mean age was 38.9 years (range of 15–85 years). 112 patients had IBD and 68 had viral hepatitis. The mean age for the IBD patients was 39 years (range 16–85 years) and the mean age for the hepatitis patients was 38.6 years (range 15–63 years). 46 (43.75%) of the IBD patients and 49 (72%) of the hepatitis patients were male.

In our study, 82.1% of the IBD and 72.1% of the viral hepatitis patients used one or more social networking site. Facebook was the most popular site. 29.5% of the IBD and 33.8% of the viral hepatitis patients used social media for support with their illness. 80.4% of the IBD patients and 72.9% of the viral hepatitis patients said they would be happy with some form of social media interaction by healthcare professionals. 84.8% of the IBD patients and 72.1% of the viral hepatitis patients were in favour of a specific social media website for their disease.

Conclusion A large proportion of patients with IBD and viral hepatitis already use social networking sites. This study suggests that the majority of both IBD and viral hepatitis patients would welcome the use of social media as part of their illness management. There are already some social media sites that have been setup for these patient groups. Increasing the awareness of these sites and further research investigating the integration of social media into the current management of both these patient groups is needed.

Disclosure of Interest None Declared.

PTH-074 OF WHAT VALUE IS A 1:1 MULTIDISCIPLINARY WEIGHT MANAGEMENT CLINIC?

doi:10.1136/gutjnl-2013-304907.561

[1,*]D Turner, [2]S Jones, [2]S Syal, [2]J Gray, [2]J Reynolds, [2]A Weaver, [2]N Haboubi. [1]*Cardiff Medical School, Cardiff;* [2]*Aneurin Bevan Weight Management Clinic, Ebbw Vale, UK*

Introduction Obesity management in Wales includes provision of a 1:1 Multidisciplinary Weight Management Clinic (MDWMC). Strategic management of obesity in Wales is guided by The All Wales Obesity Pathway and recommends MDWMCs for people with obesity who have one or more co-morbidities and who have tried several interventions without success, or who have complex emotional relationships with food.[1] This service evaluation aimed to assess physiological benefits associated with attendance at a MDWMC. It also aimed to collect qualitative data in an attempt to explain any reasons for achieving benefits.

Methods An approved questionnaire was used to conduct semi-structured interviews with 180 patients attending the MDWMC at Aneurin Bevan Hospital, Ebbw Vale, Wales. Quantitative data were tabulated and a thematic analysis was performed on free-text responses to collate qualitative data.

Results The MDWMC supports weight loss with 95% of patients reporting loss. For those whom baseline data was available 73% lost at least 5% of initial body weight. 88% of patients prefer individual appointments and over 90% of patients who see each team member find consultations useful. 69% of patients report improved health mainly due to a decrease in obesity-related symptoms, and of patients taking obesity-related medication 48% report a reduction in dose of medication for asthma, 42% report a reduction in dose of antidepressants and 36% report a reduction in dose for medication for diabetes. Of employed patients 30% report a reduction of days taken off work due to sickness. 96% of patients would recommend the clinic to others.

Conclusion A 1:1 Multi-disciplinary Weight Management Clinic provides value in reducing obesity and symptoms of obesity-related diseases. It also is a treatment choice favoured by patients.

Disclosure of Interest None Declared.

REFERENCE

Welsh Assembly Government. *All Wales Obesity Pathway.* 2009. Accessed at: http://wales.gov.uk/topics/health/improvement/index/pathway/?lang = en

PTH-075 YOU'VE GUT MAIL: A GASTROENTEROLOGY EMAIL HELPLINE IS EFFICIENT AND COST-EFFECTIVE IN RESOLVING PATIENT QUERIES AND REDUCING NON-ELECTIVE INPATIENT BED DAYS

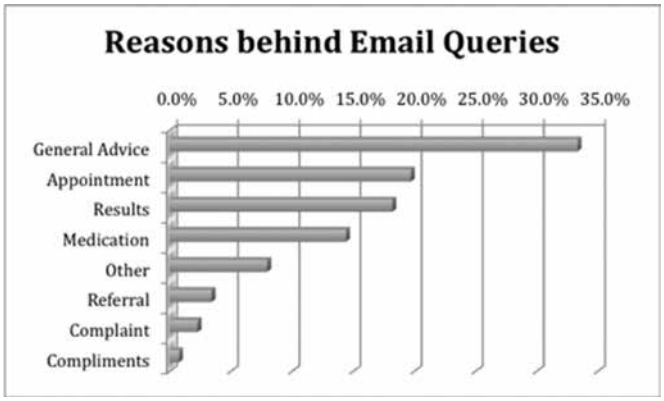
doi:10.1136/gutjnl-2013-304907.562

[1,*]J L S Ooi, [1]M Vinayaga-Pavan, [1]D C K Koh, [1]V Morgan, [1]V S Wong. [1]*Gastroenterology, Whittington Health NHS Trust, London, UK*

Introduction Electronic patient-provider communication may be a convenient, cost-effective complement to standard healthcare services[1]. We piloted a dedicated gastroenterology (GI) email helpline to increase accessibility for patients and medical colleagues seeking specialist advice.

Methods Retrospective study of activity records of our GI specialist nurse-led email helpline across 40 months (Jan 2008-Jul 2010; Feb-Dec 2012). Data for 2012 was analysed to demonstrate efficiency. From our highest frequency user group – inflammatory bowel disease (IBD) patients – we identified a cohort of 21 users that had contact with our department 6 months before their index email, comparing hospital utilisation rates then and in the 6 months afterward (post-intervention). Analysis was by Mann-Whitney and χ^2 tests. Cost savings were estimated based on Department of Health Reference Costs 2011/12.

Results The helpline received 264 emails from 153 users over 40 months: 73% from patients, 20% from GPs, 7% from others. Of 126 patients, 57% were female, 43% male. Mean age was 42.4 years (range 18–82 years). 2012 data analysis: Of 72 email queries, 72% were successfully resolved electronically. Mean turnaround time was 2.2 working days (range 0–9). 69% (50 emails) concerned general advice, medications or results, queries that are conventionally handled in outpatients (OP; £141/appointment) or in telephone clinic (TC; £55/appointment). Only 8.5% of email queries subsequently required TC encounters; another 10% proceeded to OP. By approximating 1 hour's work per week for a GI specialist nurse at £22/hour[2], we estimate the email service cost £1144 in 2012, plus £1317 for ensuing TCs and OPs, a total of £2461. This compares favourably to £2750 to answer the 50 queries by TC alone, or £7050 by OP alone. Highest uptake was among the IBD subgroup: 49 users generated 129 emails over 40 months. In the 6 months pre- & post-index email, our identified cohort (n = 21) had similar rates of clinic attendance (41 vs 53 appts, $p > 0.05$), DNAs (3 vs 3) and A&E attendance (4 vs 0 visits, $p > 0.05$). Reduction in non-elective inpatient bed days was significant (34 vs 4 days, $p < 0.0001$; £271/day), representing savings of £8130 over 6 months.



Abstract PTH-075 Figure 1

Conclusion Our GI email helpline has proven to be popular and economical. Most queries were resolved electronically, significantly reducing unscheduled inpatient bed days. We are planning a user