

Conclusion Prescribing of PN continues to occur both out of hours and without consultation with a dedicated NST. Our data demonstrates that timely involvement of the NST in feeding decisions can avert inappropriate initiation of PN in a significant proportion of cases, which has clinical and cost-saving implications. We therefore strongly recommend that clinicians should utilise the expertise of a multidisciplinary NST at the earliest opportunity in complex feeding scenarios.

Competing interests None declared.

REFERENCE

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PMO-062 NUTRITION SUPPORT INFRASTRUCTURE IN THE EAST OF ENGLAND—ANGLIA NUTRITION NETWORK (ANNET)

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¹J Woodward,* ²I Fellows, ³A Cartwright. ¹Department of Gastroenterology, Addenbrookes Hospital, Cambridge, UK; ²Department of Gastroenterology, Norfolk and Norwich University Hospital, Norwich, UK; ³Department of Gastroenterology, Basildon and Thurrock University Hospital, Basildon, UK

Introduction ANNet—the Anglia Nutrition Network—was established in 2011 to provide a forum for inter-professional communication, sharing good practice and innovations across the Anglian region in order to improve the quality and experience of all aspects of nutritional care. 17 secondary acute hospital trusts participate in the network which looks after a population of approximately six million. This survey reports on the nutrition team infrastructure within the network.

Methods ANNet was established with a formal constitution voted at the inaugural Annual General Meeting in September 2011. Among the first activities of ANNet was a description of the nutrition infrastructure in the region. This first “5 min survey” was disseminated among lead clinicians participating in the network in order to develop a snapshot of in hospital parenteral nutrition practice.

Results The response rate was 100% of the 17 Trusts participating in the network. 15/17 Trusts have a nutrition support team but of these three had no nutrition support nurse specialists and 4 had no allocated consultant time. 13 teams were led by a gastroenterologist, one by a nurse and one by a chemical pathologist. 7/15 teams see patients on parenteral nutrition twice or less each week, and 6/15 carry out daily ward rounds. 10/17 Trusts provide out of hours PH, but only five of these with vitamins and trace elements and 5/17 are able to compound from scratch. A snapshot revealed 88 patients on PN at the time of the survey (14/million), of which 72% were type I intestinal failure, 18% type II and 10% type III. The median number of patients receiving PN was four, with only three Trusts providing PN for more than five patients at the time of the survey—two with seven (one of which did not have a nutrition support team) and one Trust with 26, providing 30% of the region’s PN.

Conclusion Compared to national figures, a higher proportion of Trusts in the region have a nutrition support team, although in many instances this is incompletely staffed. There are a relatively small number of patients receiving PN at any one time in any Trust, but a surprisingly high proportion of these have type II intestinal failure which are currently scattered around the region. ANNet is a useful resource for gathering information with a 100% response from participating Trusts in the network, covering approximately 10% of the UK population. A follow-up survey will focus on intestinal failure surgery.

Competing interests None declared.

PMO-063 OUTCOMES OF PATIENTS ON HOME PARENTERAL NUTRITION FROM A REGIONAL INTESTINAL FAILURE UNIT

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¹J A Saunders,* ¹M Naghibi, ¹T R Smith, ²A T King, ³Z B Leach, ¹M A Stroud. ¹NIHR Nutrition, Diet and Lifestyle BRU, Southampton, UK; ²Department of Surgery, University Hospital Southampton, Southampton, UK; ³Department of Nutrition and Dietetics, University Hospital Southampton, Southampton, UK

Introduction HIFNET proposals to create regionalised services for intestinal failure (IF) in England led us in 2007 to start active development of our small pre-existing regional IF activities and consequent expansion of our IF network. We report our outcomes compared to other published data.

Methods Data were retrospectively collected from electronic and paper records for adult patients who received HPN between January 2001 and October 2011.

Results Data were available for 79/81 patients (45 female) who received HPN for a period of 160 patient-years. 45 (57%) patients were regional referrals, 21 (27%) patients had type 2 intestinal failure and 58 (73%) type 3. The total number of patient-days in 2011 was 11 787 (type 2 2748, type 3 9039) compared to 4524 in 2007 (type 2 60, type 3 4464), despite only 10 months of 2011 data available at time of data collection. The period prevalence of patients on HPN in 2011 was 42 compared to 11 in 2007, a 381% increase. The median duration patients were treated was 230 days in 21 type 2 patients and 712 days in 47 type 3 (excluding palliative HPN), with on-going treatment in 37 patients. The rate of catheter related sepsis was 1.16 per 1000 patient days, comparable to 0.86 per 1000 patient days reported by one national centre.¹ The line occlusion rate was 0.27 per 1000 patient days and no episodes of bacterial endocarditis, similar to data from another regional unit, 0.68 per 1000 days and 0.05 per 1000 days respectively.² There were eight deaths (excluding palliative HPN), of which three were liver complications of type 3 IF in patients who were either ineligible or declined transplantation.

Conclusion These data demonstrate a significant increase in HPN activity, particularly the last 5 years and the need for regional IF centres to cope with previous limited national capacity. Despite this increase in demand, quality outcome measures were comparable with those from other regional and nationally funded units.

Abstract PMO-063 Table 1 Aetiology of disease

Aetiology	Type 2 IF (%)	Type 3 IF (%)
Surgical complications	11 (52)	6 (10)
Mesenteric infarcts	7 (33)	6 (10)
Crohn’s disease	3 (14)	13 (22)
Malignancy		11 (19)
Dysmotility		8 (14)
Systemic sclerosis		3 (5)
Other		11 (19)

Competing interests None declared.

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