

Disclosure of Interest None Declared.

REFERENCE

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PTH-154 THE OUTPATIENT BURDEN OF INFLAMMATORY BOWEL DISEASE: A 10 YEAR REVIEW

doi:10.1136/gutjnl-2013-304907.641

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Introduction Like many hospitals through out the UK the National IBD Standards (endorsed by the British Society of Gastroenterology) and the IBD (Global Rating Score) Quality Improvement Programme (endorsed by The Royal College of Physicians) have help highlighted areas of our inflammatory bowel disease (IBD) service that clearly need improving. In order to attract funding from our local primary care trust (PCT) to support the necessary service improvements, we set about establishing the total cost and demand made on our local hospital in managing these patients. We set about assessing 4 key areas; the endoscopy service, the radiology service, the hospital admissions and the outpatient service.

Objective of this study: To assess the demand on the outpatient services made by IBD patients.

Methods The Luton & Dunstable University Hospital has a database of 2680 local IBD patients. This is made up of 1425 patients with UC, 941 with Crohn's, 118 with proctitis, 113 with IBD unspecified, 53 with radiation proctitis, 13 with diversion colitis, 10 with ileo-anal pouchitis and 7 with microscopic colitis. Using the database the hospital coding system was used to analyse the total number of outpatient appointments (OPAs) made between 2001 and 2011 for these patients, and to which specialties they were referred. Total costs were calculated using a range of prices for the different specialties, depending on whether they were new (£210-£265) or follow up clinic visits (£83-£136).

Results Over the course of 10 years the 2680 IBD patients made 20,837 gastroenterology OPAs (2,053 new and 18,784 follow ups) (ie.2,084 per year), costing the local primary care trust (PCT) a total of £2,103,117. There were also 3474 OPAs made with the gastrointestinal (GI) surgeons (1,409 new and 2,065 follow ups) (ie. 347 per year), costing the local PCT a total of £603,524. In addition a further 42,276 (63%) OPAs were made with non-GI teams, costing the PCT an further £4,227,600.

Conclusion Over 10 years the 2680 patients made 66,007 outpatient clinic visits (24.6 per person, 2.46 per person per year) costings a total of £6,934,241. Of these, 24,311 (37%) were with the GI medics and surgeons, costing the PCT a total of £2,706,641. Many of the non-GI specialty appointments were made for IBD associated conditions eg. 1510 dermatology OPAs. The 3281 ophthalmology OPAs were predominantly for cataracts, which raised concerns about potential iatrogenic causes.

Disclosure of Interest None Declared.

PTH-155 THE HOSPITAL ADMISSION BURDEN OF INFLAMMATORY BOWEL DISEASE: A 10 YEAR REVIEW FROM A DISTRICT GENERAL HOSPITAL

doi:10.1136/gutjnl-2013-304907.642

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Introduction The National IBD Standards and IBD (Global Rating Score) Quality Improvement Programme have highlighted areas of our inflammatory bowel disease (IBD) service that need funding, in order to make the necessary improvements. To facilitate this we

set about establishing the total cost and demand of managing IBD patients in our local hospital, reviewing 4 key areas; the endoscopy, radiology, outpatients and hospital admissions services.

Study Objectives: To assess the average length of stay (LOS) and total number of hospital admissions made by IBD patients over 10y.

Methods The Luton & Dunstable University Hospital has a database of 2680 local IBD patients. This is made up of 1425 patients with UC, 941 with Crohn's, 118 with proctitis, 113 with IBD unspecified, 53 with radiation proctitis, 13 with diversion colitis, 10 with ileo-anal pouchitis and 7 with microscopic colitis. Using this database the hospital coding system was used to analyse the total number of hospital admissions made between 2001 and 2011 for these patients, and to which specialties they were being admitted.

Results Over the course of 10 years the 2680 IBD patients made a total of 6385 hospital admissions. Of these, UC patients accounted for 2524 admissions, whilst the Crohn's patients had a proportionally higher admission rate, accounting for 2504 admissions. The number of admissions per patient ranged from 1 to 134, and of those admitted they had a mean of 6.4 admissions each. These patients were being admitted by a range of specialties including 4361 by general medicine, 1260 by general surgery, 251 by elderly care, 103 by paediatrics, 101 by orthopaedics, 66 by urology, 29 by the ears, nose and throat team, 45 by obstetrics and gynaecology, 11 by medical oncology, 48 by haematology, 5 obstetrics, 32 by ophthalmology, 43 by the maxillary facial team, 4 by A+E, 1 by anaesthetic pain relief team, 24 by cardiology and 1 by dermatology. The type of admission ranged from being elective/planned admissions in 4457, A+E emergency admissions in 1,363, emergency admission from clinic in 116, emergency GP admissions in 420, and 9 patients transfers from other hospitals.

Conclusion Over the 10 year period 1724/2680 (64%) of all the IBD patients required at least 1 hospital admission. On average this cohort of patients required a mean of 2.4 hospital admissions, with Crohn's disease patients placing a greater demand on the hospital admission services (average = 2.66 admissions) as compared with the UC patients (average = 1.77). The average length of stay was 2.6 days (range = 1–278 days). Whilst it is clear that not all the hospital admissions were directly related to the underlying IBD, it is clear that there is a heavy demand placed on the local hospital admission services from this cohort of IBD patients.

Disclosure of Interest None Declared.

PTH-156 INFLAMMATORY BOWEL DISEASE: A 10 YEAR REVIEW OF THE COST AND DEMAND OF THIS CONDITION, ON A DISTRICT GENERAL ENDOSCOPY UNIT

doi:10.1136/gutjnl-2013-304907.643

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Introduction Like many hospitals through out the UK, the National IBD Standards (endorsed by the British Society of Gastroenterology) and the IBD (Global Rating Score) Quality Improvement Programme (endorsed by The Royal College of Physicians) have help highlighted areas of our inflammatory bowel disease (IBD) service that needed improving. In order to attract funding from our local primary care trust (PCT) to support the necessary service improvements, we set about establishing the total cost and demand made by this cohort of patients on 4 key services offered by our local hospital; the endoscopy, radiology, hospital admissions and outpatient services.

Objectives of this study: To assess the cost and demand for endoscopy originating from the management of IBD patients, over a 10 year period.

Methods The Luton & Dunstable University Hospital has a database of 2680 local IBD patients. This is made up of 1425 patients with UC, 941 with Crohn's, 118 with proctitis, 113 with IBD