out the Trust and provides up-to-date information consolidated in one place with real-time data collection. The IBD-Registry aims to provide the UK with its first ever national IBD statistics, to help provide service reports and evidence of self worth. The Regional CCG are now keen to roll this concept out through the East of England.

Disclosure of Interest None Declared.

**PTH-052** HOW THE NEW INFLAMMATORY BOWEL DISEASE REGISTRY AND PATIENT MANAGEMENT SYSTEM (IBD-R/PMS) HAS HELP DEFINE THE FUTURE OF OUR DISTRICT GENERAL IBD SERVICE

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**Introduction** In 2013 the Luton and Dunstable (LandD) University Hospital, became the first hospital in UK to pilot the new IBD-R/PMS. The PMS was designed by clinicians to be quick and easy to use, at the point of care, to facilitate best clinical practice. The system is live with PAS details, accessible throughout the Trust and provides up-to-date information consolidated in one place with real-time data collection. The IBD-Registry aims to provide the UK with its first ever national IBD statistics, by pooling some of this anonymised data centrally.

**Objective** To reviewed the effects of IBD-R/PMS on a DGH’s IBD Service.

**Methods** The LandD manages 2420 active IBD patients, most of which are seen twice a year in routine OPAs. 26 lack mental capacity and 117 do not have internet access. Using Patient Knows Best we developed individualised websites for all of our IBD patients, to offer them a direct communication portal and a symptomatic assessment tool that provides appropriate management advice via a traffic light system. If a patient scores badly, an alert is sent out to the specialist team. The websites have a library of self help advice sheets and upload the patients hospital results in graphical form. The system can be converted into 6 different languages and has both iPhone or Android apps. Patients can access this service from the comfort of their own homes or (like a health passport) whilst on the move/abroad. A proportion of our more stable patients can be transferred to community based care via IBD-SSHAMP and receive twice yearly virtual (telephone) clinics with blood and faecal (calprotectin) inflammatory marker assessments. By freeing up OPAs space we can accommodate emergency patients usually within 24–48 hrs.

**Results** We are steadily inviting the 2,277 IBD patients who have internet access to a personalised website, and have successfully transferred 420 onto IBD-SSHAMP. We plan to transfer a further 400 to community based IBD-SSHAMP by the end of 2014. Confidence is such that this second wave will primarily contain patients stable on immunosuppressants eg. azathioprine. So far IBD-SSHAMP has saved our CCG approx £68,000 (400 x £85), whilst reducing our OPA waiting times. Only 7 of our IBD-SSHAMP patients have required an emergency hospital OPA. We have received positive feedback from the patients, who feel more supported and appreciate that they are not being discharged.

**Conclusion** IBD-SSHAMP is the UK’s first internet based remote management system for managing stable IBD patients. This proof of concept project, has proven to be effective, safe and cost efficient. Our CCG have fully supported the concept and outcome, funding 2 additional IBD nurses to support the system. The Regional CCG are now keen to roll this concept out through the East of England.

Disclosure of Interest None Declared.