Abstract PWE-111 Table 2 Action documented by clinician in response to a 'MUST' score of ≥ 1

MUST Score	Number of Patients	Action taken
Score 1	2	Referred to the dietitian for advice
	3	No action documented
	1	Clinician mentioned weight loss in letter to the GP
	1	Clinician commented no further action needed
Score 2+	1	Known to the dietitian
	1	Clinician commented that score was inaccurate
	1	Referred to the dietitian
	1	Decision made by clinician for GP to monitor in community.

Conclusion The percentage of patients identified at risk of malnutrition ('MUST' score >1) was 25%; in keeping with published UK data ⁽³⁾. In 73% of patients an action was documented by the clinician in response to the screening result. This demonstrates that implementation of 'MUST' is feasible in a busy outpatient department, and that in the majority identified as high risk an appropriate action plan was implemented. We plan to cascade it across the remaining outpatient areas and improve compliance by further training and education.

1. NICE Clinical Guideline CG32: Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (2006).
2. BAPEN <http://www.bapen.org.uk/screening-and-must/must-calculator>
3. Russell CA, Elia M. Nutrition screening surveys in hospitals in England, 2007–2011: A report based on the amalgamated data from the four Nutrition Screening Week surveys undertaken by BAPEN in 2007, 2008, 2010 and 2011: BAPEN; 2014.

PWE-112 ASSESSING KNOWLEDGE OF GLUTEN CONTAINING FOODS AMONGST HEALTHCARE PROFESSIONALS

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10.1136/gutjnl-2018-BSGAbstracts.346

Introduction Coeliac disease affects approximately 1% of the UK population and is a common reason for review in the Gastroenterology outpatient clinic. Furthermore, with growing evidence that gluten intolerance can lead to symptoms of IBS, there is an increasing demand on Gastroenterology services to be well equipped with knowledge about gluten containing products.

Methods We devised a structured questionnaire (scored out of 40) encompassing 4 main domains. These considered issues such as common foods which contained gluten, grains which contained gluten, foods which didn't contain gluten but may be contaminated with gluten during the manufacture process, and kitchen/food preparation which could lead to gluten contamination.

The survey was disseminated electronically to the WAGE database as well as the Cardiff and Vale University Health Board Medical mailing list.

Results There were a total of 115 complete responses (response rate of 10.5%).

As expected individuals with known coeliac disease, or those living in a gluten free household scored highest (Median scores of 93% and 86.5% respectively) and were thus excluded from subsequent analysis.

Of the remaining 112 individuals, 47 (42%) were doctors, 37 (33% were nurses), 25 (22.3%) were dietitians and the remainder were managers/admin staff.

Median scores showed dietitians scored best (85%) followed by doctors (70%), nurses (68%) and managers (55%), $p < 0.001$. GI dietitians scored better (93%) than their non-GI counterparts, although this wasn't statistically significant, $p = 0.934$.

Within clinicians, paediatricians scored best (93%), followed by surgeons ($n=3$, 73%), non-GI physicians ($n=17$, 67%), with Gastroenterologists ranked fourth ($n=17$, median score=63%). This was found to be dependent on grade, with Gastroenterology SpR's scoring worst amongst all clinical groups ($n=5$, median score=38%), $p = 0.009$. Subgroup analysis demonstrated deficiencies in knowledge amongst Gastroenterology SpR's in domains such as awareness of gluten containing foods and foods which may be contaminated with gluten.

Conclusions Knowledge about gluten containing foods amongst clinicians is variable. Whilst it is reassuring that dietitians knowledge is best amongst those sampled, we acknowledge deficiency in knowledge amongst gastroenterologists compared to their non-GI counterparts, particularly amongst SpR's. Whilst the reasons underpinning this are not yet clear, further efforts to educate these clinicians who commonly manage coeliac patients may be required.

PWE-113 NUTRITION SUPPORT TEAMS IN THE UK: THE CURRENT PICTURE

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10.1136/gutjnl-2018-BSGAbstracts.347

Introduction The importance of presence of a nutrition support team (NST) and a nutrition steering committee (NSC) were recognised in 1994 by BAPEN with the recommendation that all major UK hospitals should appoint a NSC and at least one NST. It was recognised that delivering excellent nutritional care within hospitals required the co-ordination and oversight of a NSC. The NST's role was to bring together a multi-disciplinary team that could support hospital staff in the provision of nutritional therapy, especially enteral and parenteral nutritional support, at a ward level. A NST should contain at least a doctor, nurse, dietitian and pharmacist with specialist skills in nutritional support. NICE guidelines have also made recommendations about the provision of a NSC and NST in all acute trusts. In 2010 the NCEPOD report – A Mixed bag, reported only 60.2% of hospitals in the UK as having a NST of which only 59% had a full MDT provision. We aimed to assess the current provision of NSC's and NST's within the UK at this present time.