Methods In June 2017 BAPEN sent a freedom of information (FOI) request to all trusts in England, health boards in Scotland and Wales and social care trusts in Northern Ireland. This requested information on the size of the trust, the presence and composition of the NST and their role within the hospital along with information about the trust's NSC. Those responses received before 18th October were collated. Hospitals with fewer than 100 beds were excluded from the analysis.

Results Of the 181 FOI requests made BAPEN received responses from 122 trusts representing 154 hospitals with more than 100 beds. 91% of trusts in the UK had a NSC and only 80% of trusts reported having a NST. Of this only 25% of social care trusts in Northern Ireland and 40% of health boards in Wales reported having a NST. 48% of trusts with an NST had a nutrition nurse, a dietician, a doctor and a pharmacist. 76% of trusts with an NST had a nutrition nurse, 79% had a pharmacist, 86% had a doctor and 88% had a dietician. 57% of NSTs performed a ward round more than once a week with 10% seeing patients as required and 4% providing an advisory role only.

Conclusion There has been a clear improvement in the provision of NSC's and NST's within the UK over time. Sadly despite this increase in NSC's and NST's we have not managed to fulfil the aim of having one in each trust. Furthermore the majority do not have the full multi-disciplinary team provision required to provide the highest level of care. More work needs to be done to promote the importance of the NSC and NST and provide support in developing them in trusts that currently do not have them ensure that all trusts have access to them.

PWE-114 GASTROSTOMY INSERTION: BEYOND THE MORTALITY RATES

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Introduction Short-term mortality rates from percutaneous endoscopic gastrostomy (PEG) insertion are well documented and often the focus of audit. Our Northern Nutrition Network extends across nine trusts in the North East and Cumbria, comprising of gastroenterologists, dietitians and specialist nurses. We analysed our regional population.

Methods 3 months of prospective data were collected on patients undergoing PEG or radiologically inserted gastrostomy (RIG); focussing on mortality, premorbid state, complications and sedation use. 90 day outcomes were recorded.

Results 146 gastrostomies were inserted, with a 30 day mortality rate of 8.2% (12/146) and 90 day mortality rate of 17.5% (26/146). Our 30 day mortality included a 2% (3/146) risk of dying in the first 7 days after gastrostomy; deemed attributable to the procedure.

Indications for gastrostomy included; ENT/UGI obstruction/malignancy (46/146), neurological conditions (20/146), stroke (31/146), depressed consciousness (17/146), malnutrition (4/146) and failure of function (13/146). 88 patients were female, 56 were male. The average ASA was 2.7; mean BMI was 23.5; mean albumin was 37; mean age was 66 years. The 30 day mortality group had a higher mean age (76.7 vs. 66 years) and ASA (3.1 vs. 2.7), and a lower BMI (18.5 vs. 23.5) and albumin (31

vs. 37), suggesting these factors, which are associated with frailty, could impact on mortality.

We found a complication rate of 27% (40/146) and a statistically significant link between mortality and complications. The 30 day mortality increased from 4.7% (5/106) to 17.5% (7/40) if a complication occurred ($p=0.012$). This was reflected in the 90 day mortality group, where mortality increased from 13% (14/106) in the group with no complications to 30% (12/40) in the complication group ($p=0.018$).

The most common complication was pneumonia, at 11% (16/147). The risk of pneumonia could be linked with sedation use, as the group receiving midazolam sedation (average 2 mg per patient) had a pneumonia rate of 13.7% (15/109) whereas in the un-sedated group only one patient suffered pneumonic complications ($n=11$). There were no reported cases of pneumonia in the 26 patients who underwent general anaesthetic for the procedure.

Conclusion We report similar mortality rates to previous studies. Our data follow the trend that older, sicker, less well-nourished patients have poorer outcomes following gastrostomy insertion than their younger, fitter, counterparts. We have shown a statistically significant link between increasing mortality and complications. Likewise, our data suggest that sedation is a risk factor for our most common complication; pneumonia. Careful patient selection and realistic conversations with patients and relatives prior to gastrostomy insertion remain paramount.

PWE-115 DIETARY PATTERNS IN INFLAMMATORY BOWEL DISEASE-INTOLERANCES, QUALITY OF LIFE AND CALCIUM/VITAMIN D INTAKE

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Introduction Food intolerances and food avoidance are common in inflammatory bowel disease (IBD). This cross-sectional study explored the prevalence of food intolerance patterns in IBD and assessed the food related quality of life (FR-QoL) and vitamin D and calcium intake in IBD patients.

Methods An online questionnaire with detailed questions relating to food groups commonly avoided, food related quality of life tool and calcium and vitamin D intake was displayed on the Crohn's and Colitis UK website. Disease activity was assessed by the Minnesota IBD activity index, which is a validated, patient-defined tool that relates to the patient's perception of IBD activity over the last six months. FR-QoL was assessed by a validated questionnaire (FR-QoL-29) which comprises of 29 statements encompassing different psychosocial aspects surrounding food and eating from an IBD symptoms perspective. Details of the type of IBD, duration of disease, previous surgery and disease activity were collected. Fishers' exact test and Pearson correlation were used for statistical analysis.

Results 67 respondents (40 Crohn's, 23 ulcerative colitis, 2 unclassified and 2 microscopic colitis) participated in the survey. Food avoidance was seen in 65 (97%) patients, with mean number of foods avoided at 6. Vegetables were avoided in 60% of the patients, followed by wheat-based products in 56% of patients. 82% of patients reported that their IBD was active. Food related quality of life was poor in inflammatory bowel disease patients and disease activity significantly