PTU-107 NEWCASTLE IBD DATABASE – A BESPOKE DATABASE INTEGRATED IN THE CERNER E-RECORD SYSTEM

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Introduction In Newcastle Hospitals, we care for up to 3000 IBD patients including complex patients from around the North East (NE) of England although in the absence of a database the number is an estimate. We have designed an IBD database, based on the IBD Bioresource database so that we can audit and improve the management of our patients.

Methods Together with the IT team at Newcastle upon Tyne Hospitals, we created a bespoke IBD database embedded in the Cerner e-record system used by the trust. Data are entered by clinicians and began in June 2016, results are shown to early Feb 2018. Data from this database have been uploaded onto the national Bioresource database.

Results Total number of patients included on database is 1358; Crohn's 756, Ulcerative Colitis 574, IBDU (Unclassified) 28. There are 723 Female patients. A positive family history of IBD was recorded for 328 patients (24.1%).

Current drug usage: *Biologics:* Infliximab 188, Adalimumab 144 and Vedolizumab 22

Immunomodulators: Azathioprine 348, 6MP (Mercaptopurine) 73 and Methotrexate 73

Adverse drug side effects: A significant number of patients have experienced adverse drug side effects requiring dose reduction or cessation:

Azathioprine: Nausea 59, Deranged Liver Function Test (LFT's) 50, Vomiting 41, Leucopaenia 28, Pancreatitis 18

6MP: Deranged LFT's 16, Nausea 10, Leucopaenia 3, Pancreatitis 2

Methotrexate: Nausea 31, Deranged LFT's 13, Vomiting 10, Neutropaenia 2

Infliximab: Rash 16, Arthralgia 6, Infection 6, Drug induced lupus 3, Anaphylaxis 2

Adalimumab: Rash 8, Demyelination 2, Deranged LFT's 2, Drug induced lupus 1, Arthralgia 1.

Conclusions Newcastle Hospitals is a tertiary regional centre managing complex IBD cases covering the NE of England. This novel database is embedded within the Cerner e-record system. IBD clinicians have the opportunity of seeing all patient details in a snap shot instead of having to hunt through voluminous clinic notes. It creates a very convenient tool to monitor various aspects of patient care, e.g. keeping a close track of patients on biologics and Immunomodulators. This database will enable us to audit our performance against agreed national parameters. As with all databases keeping it up to date will be crucial for its usefulness.

PTU-108 UPTAKE AND CLINICAL OUTCOMES OF SELF-REFERRED BOWEL-SCOPE (FLEXIBLE SIGMOIDOSCOPY) SCREENING APPOINTMENTS AT ST MARK'S HOSPITAL

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Background As part of the 2017 Commissioning for Quality and Innovation (CQUIN) scheme, NHS England commissioned St

Mark's Hospital to send its bowel-scope (flexible sigmoidoscopy) screening non-responders a self-referral reminder on the first anniversary of their initial invitation. The aim of this analysis was to examine uptake and clinical outcomes for the CQUIN during the first six months of implementation.

Methods We used data from an on-going study monitoring self-referred appointments at St Mark's Hospital in London. Uptake and clinical outcomes were assessed using descriptive statistics. Differences in uptake between men and women were examined using univariable logistic regression. The data were analysed in SPSS (v25.0).

Results Between April and October 2017, 4281 men (n=2000, 46.7%) and women (n=2281, 53.3%) were sent a self-referral reminder on the anniversary of their initial invitation. The overall uptake was 6.2% (n=267), and was higher among women than men (uptake was 7.1% and 5.5%, respectively; Odds Ratio: 1.32, 95% Confidence Intervals: 1.03–1.69). Thirty (12.5%) of those who self-referred for screening had adenomas detected. Fifteen were subsequently referred for colonoscopy.

Discussion The implementation of a 12 month self-referral reminder at St Mark's Hospital led to a substantial number of additional men and women being screened, as well as the detection of several high-risk adenomas. Future refinements to the process would include additional reminders at 24, 36 and 48 months, as well as four week follow-up reminders within each self-referral episode. Evidence from the present analysis suggests that the interventions could reduce existing inequalities in uptake between men and women

PTU-109 DEVELOPMENT OF A GASTROENTEROLOGY-LED PATIENT-CENTRED SERVICE FOR NEUROENDOCRINE TUMOURS(NETS) IN WALES:POPULATION-BASED NATIONAL COMMISSIONING

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Introduction Requiring many specialities, NETs have complex pathways presenting a challenge to plan services in existing NHS structures. In Wales, we aimed to produce patient-centred services for Neuroendocrine Tumours (NETs) incorporating the addition of specialist gastroenterology services to endocrinology, oncology and surgery across Wales by government-assisted population based commissioning.

Methods WHSSC (Welsh Health Specialised Services Committee) coordinated a group of patient representatives, clinicians, nurses and planners to evaluate existing services in Wales and to make recommendations for a gastroenterology-led service. Options were appraised by the national cancer network, disease experts, 2 ENETS centres of excellence and patients/relatives.

Results The existing service demonstrated inequalities across healthcare boundaries. Patient surveys suggested little nurse specialist input, inconsistent feedback from multidisciplinary meetings (MDM), and lack of access to specialist expertise.

Recommendations included funding 2 specialist nurses, appropriate central MDM staffing, leadership and appropriate