

of respondents worked full time. 84% of respondents regularly carried out unpaid overtime. The amount of unpaid overtime carried out equalled 17.6 FTE per week. Most common title was 'Clinical Nurse Specialist'. Grade 7 most common grade for respondents (65%). 61% received either no admin support or support for clinic letters only. The number of unfilled posts was estimated to be equivalent to 24.5 FTE. No respondents reported frozen posts. 43% of respondents had a prescribing qualification. 82% reported participation in CPD/education within the last 12 months. 63% of respondents had a higher caseload than the recommended level. Caseloads as high as 2000 patients plus were reported. Respondents generally had a positive experience of working in an MDT.

Conclusions This study recommends a caseload of 2.5 Full Time Equivalent (FTE) IBD specialist nurse per 2 50 000 population (a static caseload of 500 per FTE).

The original recommended caseload for IBD specialist nurses is 666 patients (or 1.5 FTE per 2 50 000 population) per FTE nurse. This does not allow for proactive management, advancing practice, cover arrangements and is not optimal for care.

There is a shortfall in the UK. 63% have much higher caseloads than the original recommended standard.

Compared to other specialities IBD specialist nurses have been working in specialist practice for less time (for example 52% had less than 7 years' experience vs 25% of prostate cancer specialist nurses).

Considerable amount of unpaid overtime (4.13 hours per week each on average, equal to 17.6 FTE per week in total in this group). Worsened where administrative support is limited.

43% of respondents have a prescribing qualification only 14% have a Masters in advanced practice. To achieve a greater number of advanced practice nurses, this is an issue which needs to be addressed in light of the reduction in funding for continuing professional development nationally.

IBD specialist nurses generally have a positive experience of Multidisciplinary Team working (MDT) and feel able to fully contribute and advocate for patients within the MDT

The role of the IBD specialist nurse is a complex case managing role involving interacting with many other specialities to deliver care for the patient population over their entire treatment pathway from pre diagnosis to continuing care.

OWE-008 PATIENTS' PERCEPTION OF FAECAL CALPROTECTIN TESTING IN INFLAMMATORY BOWEL DISEASE: A MULTI-CENTRE PROSPECTIVE SURVEY

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Introduction Faecal Calprotectin is an established biomarker in the investigation and management of Inflammatory Bowel Disease (IBD). Despite its success, there appears to be practical issues with FC testing in clinical practice, including sample collection, sample delivery and processing delays. There are no studies exploring patients' perception of faecal testing in

IBD. We investigate patients' perception of FC testing in clinical practice across centres in UK, Europe and Australia.

Methods A prospective patient survey was undertaken in an IBD unit in England from 12/2016 to 2/2017 and extended to 3 centres (Spain, Australia and Norway) from 07/2017 until 11/2017. Patients were asked to complete a 9-point based questionnaire in clinic which included diagnosis, patient demographics, previous FC testing, FC sample collection difficulty rating score (0–4) and preference to alternative methods of disease monitoring including blood tests and endoscopy. Predictors of FC testing difficulty were derived using multivariable logistic regression analysis. Continuous variables were categorised using integer cut points guided by the ROC curves and their relationship to the FC rating score.

Results A total of 585 patients with IBD completed the survey. There were 306 males (52%) with a median age of 43 years (IQR: 31–54). A total of 299, 279, and 7 patients had a diagnosis of CD, UC, IBDU respectively. Median disease duration of the entire cohort was 36 months (IQR 22–66 months). There were 446 patients (76%) who had prior FC testing experience. Of these, 37% (n=165) rated FC testing either moderately difficult (score 2), difficult (score 3) or very difficult (score 4). The reasons included 'dropping FC sample' (n=14; 9%), 'sample collection' (n=106; 67%) or 'both' (n=39; 25%). In these patients, 80% (n=130) patients would rather have a blood test over faecal testing. Categorical multivariable regression analysis was performed to identify factors that predict a high FC difficulty rating score. Using age, gender, disease duration, disease subtype, use of collection kits and geographical location as covariates, age <49 years (OR 2.9, CI: 1.9–4.7), disease duration <35 months (OR 1.4, CI:0.9–2.1) and testing in the UK centre (OR 1.9, CI:1.2–3.1) were predictors of a high difficulty rating score.

Conclusions Our study is the first to explore patients' perception of FC testing as a routine biomarker in IBD across Europe and Australia. A significant 37% find FC testing challenging, in particular those aged <49 years with disease duration <35 months. Further qualitative studies understanding and addressing these practical issues may aid higher FC uptake in clinic.

OWE-009 DEVELOPING A CORE OUTCOME SET FOR FISTULISING PERIANAL CROHN'S DISEASE

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Introduction Lack of standardised outcomes hampers effective analysis and comparison of data when comparing treatments in fistulising perianal Crohn's disease (pCD). Development of a standardised set of outcomes would resolve these issues. This study provides the definitive core outcome set (COS) for fistulising pCD.

Methods Candidate outcomes were generated through a systematic review and patient interviews. Consensus was established via a three-round Delphi process using a nine-point Likert scale