patients, with the ambition of developing a consensus document to support health care professionals in the future.

Methods This qualitative study involved four focus groups, and was conducted between March and October 2018. It involved a total of 27 expert participants IBD-specialist nurses (n=8), gastroenterologists (n=7), general practitioners (n=5), colorectal surgeons (n=2), pharmacists (n=2), a histopathologist (n=1) and clinical commissioning experts (n=2). All participants were given pre-session information. Facilitated discussion was then undertaken between experts on key topic areas, and culminated in key themes, which were then further analysed.

Results The following themes were identified to influence patient care and outcomes: 1) Awareness. A lack of awareness particularly in primary care, and perceptions that MC is less common than conventional inflammatory bowel diseases were felt to be factors influencing diagnosis and management. 2) Symptom overlap with IBS. As symptomatology for both MC and IBS are similar, the expert group felt referrals to secondary care are likely to be restricted, leading to increased GP visits, enhanced use of over the counter medications, and diminished quality of life. 3) Faecal calprotectin (FC). The expert group felt referral practice from primary care was too reliant on FC as a discriminator, as active MC can have FC levels below the conventional referral thresholds. 4) Biopsies. The expert group identified that the diagnosis of MC may be missed as endoscopists neglect to take colonic biopsies, either through a lack of awareness, or determined by time and cost restrictions. 5) Treatment. This theme demonstrated significant variations in clinical practice, with an array of therapeutic interventions used to manage MC. Clinicians frequently lacked awareness of MC treatments and were not aware that budesonide is the only established treatment, as evidenced in randomised-controlled trials.

Conclusions This is the first study to examine service provision for MC in the UK. Key themes have been identified through expert opinion, demonstrating why optimal diagnosis and management of MC has been difficult to operationalise in the UK. These findings will be used to develop a consensus document that has benefits to healthcare professionals and patients.

PTU-096 INTRODUCTION OF A GASTROENTEROLOGY OUTREACH SERVICE AND ITS IMPACT WITHIN A TERTIARY UNIVERSITY HOSPITAL

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10.1136/gutjnl-2019-BSGAbstracts.455

Introduction Hospital services are under increasing pressure which has led to an increased drive for earlier discharges. Various initiatives have begun to manage this. Within a UK tertiary hospital, a gastroenterology outreach team was formed from a pre-existing inpatient team alongside 2 remaining inpatient gastroenterology teams. This change coincided with the introduction of a new IT system with electronic triages and referrals. The aim of this service evaluation was to assess the impact on patient management, hospital stay and referring specialty satisfaction.

Methods The outreach team consisted of a consultant gastroenterologist and either a nurse specialist or junior doctor. The

role of the outreach team was to review direct to gastroenterology triages within an acute medical admissions unit as well as all ward referrals. The direct to speciality triages were managed on the acute medical unit by the outreach team or admitted to a ward to be cared for by one of the inpatient teams. A retrospective analysis of a prospective kept database of all speciality triages and referrals was performed over a 15 month period from October 2017 to January 2019.

Results A mean increase of 15% per year in the number of direct to speciality triages and referrals was noted (mean 86/month). 49% of referrals were from 3 specialities; cardiology (25%), surgery (12%) and respiratory (12%). 100% of referrals and speciality triages were seen within 24 hrs. Vomiting and/or dysphagia (33%), diarrhoea (16%), GI bleeding (14%) and weight loss (12%) account for the majority of speciality triages (mean 68/month). The outreach team managed 22% of these without input from any inpatient teams. Following the introduction of the outreach team there has been a 14% reduction in the number of patients admitted to a ward from the acute medical unit (67% to 53%), an 11% increase in patients discharged <48 hours (34% to 45%) and a reduced length of hospital stay by 2 days (median of 4 to 2 days). A 1632 bed days saved per year equated to a cost saving of £652800 annually. Inpatient teams rated the outreach team as 9.2/10 overall and at 8.7/10 for patient management (1=poor, 10=excellent).

Conclusions The outreach team has been successful in improving initial patient management which has subsequently reduced the number of speciality triages admitted to a ward, increased patient discharges <48 hours, reduced length of stay, saved bed days and increased satisfaction with the service. We believe if this model of patient care was introduced to other hospitals it will have similar benefits.

PTU-097 LEICESTER CITY CCG EXPERIENCE: DO DIRECT PHONE CALLS TO NON-RESPONDERS IMPROVE BCSP UPTAKE?

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10.1136/gutjnl-2019-BSGAbstracts.456

Introduction Bowel Cancer Screening Programme (BCSP) has shown to be associated with a substantial stage shift in colorectal cancer diagnosis. In 2015/16, the overall percentage uptake for gFOBt bowel screening nationally was 56.4%. There was a lower uptake across Leicester City CCG of 45.8%. The aim of this project was to assess if direct phone calls to non-responders towards gFOBt bowel screening improve BCSP uptake locally.

Methods We identified individuals from 8 local GP surgeries who had not returned their BCSP gFOBt kit between September and October 2016. These individuals were all phoned by a nurse specialist. During the telephone call encounter, we discussed the importance of bowel cancer screening, checked if each subject had received the 1st gFOBt kit, identified if there was any language barrier, offered further information (written/picture booklets) and enquired if subjects would like another kit sent out again.

Results A total of 412 (202 females, 210 males) non-responders were identified. The mean and median age of the subjects was 60 years and 64 years respectively. A total of 580 phone

calls were made with an average of 8.2 minutes per phone call. 170 (41.2%) subjects were not contactable.

Of the ones we managed to contact, 225 (54.6%) subjects remembered receiving their 1st gFOBt kit but had chosen not to respond. 187 (45.4%) subjects claimed never to have received a kit. Reasons include: incorrect contact details, being out of the country or a significant language barrier. In total, 58 (14%) subjects requested a repeat kit but only 28 (6.79%) subjects actually completed screening after receiving a direct phone call.

Conclusion Our experience demonstrated that direct phone calls to non-responders are time consuming and not an effective intervention to increase BCSP uptake. This intervention is not recommended, and alternate methods should be advocated such as GP endorsed invitations or enhanced reminder letters.

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PTU-098 PREGNANCY OUTCOMES AND EVALUATION OF THE INFLAMMATORY BOWEL DISEASESERVICE FOR PREGNANT WOMEN IN BRADFORD

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10.1136/gutjnl-2019-BSGAbstracts.457

Introduction This study explored the pregnancy outcomes of Inflammatory Bowel Disease (IBD) patients in Bradford against the standards of the British Society of Gastroenterology (BSG) and European Crohn's and Colitis Organisation (ECCO) Reproduction and Pregnancy Consensus and includes a patient evaluation on the quality of care they received. It is well documented that pregnant women with IBD are at risk of poor outcomes from pregnancy, but less clear if there is a need for a dedicated pregnancy service for IBD patients.

Methods A qualitative retrospective analysis of the pregnancy outcomes of IBD patients in Bradford Royal Infirmary (BRI) and patient perspective on care was conducted. Data search was performed using the 'IBD database', 'Evolve' and electronic patient clinical notes. 4112 females patients were identified. Questionnaires were sent to 89 of these patients who fulfilled the inclusion criteria for the project. An initial response of 12 questionnaires were received and telephone interviews were then conducted to generate a further 11 sets of data. The final study sample was 25. Data was analysed using descriptive statistical analysis in Microsoft Excel. No ethical approval was required for this project.

Results 47% of patients in our study flared during pregnancy compared to an expected rate of 30%. 4 out of 9 complications during pregnancy could be attributable to IBD. The rates of prematurity, low gestational birth weight and emergency caesarean sections were 17% in each case in our study, as opposed to 45%, 32% and 29.5% respectively in the general IBD population. 13 out of 25 participants rated the IBD helpline a 10 out of 10, and 18 out of 25 participants rated the level of support a 5 out of 5. Overall, 60% of participants

were in favour of a dedicated IBD pregnancy service in Bradford.

Conclusion Pregnancy outcomes in the IBD population in BRI were favourable compared to national statistics, although the sample size was small. The Bradford IBD service provision and outcomes for pregnant patients are in line with the BSG national standards and ECCO guidelines. The majority of patients wanted to discuss their pregnancy and pre-pregnancy planning in an IBD clinic. Patient information posters and leaflets will be made available in out-patient clinics to enhance patient knowledge about IBD before and during pregnancy and to actively encourage patients to discuss concerns. A large proportion of participants were content with the care they received and felt supported with improvements to the helpline accessibility being a key area for improvement. The IBD Nurse Helpline remains a vital and valued part of the service, to ensure timely management and telephone advice.

PTU-099 PATIENTS REFERRED WITH ANAEMIA SHOULD BE INVESTIGATED FOR CANCER REGARDLESS OF IRON STATUS

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10.1136/gutjnl-2019-BSGAbstracts.458

Introduction Patients referred under the 2-week wait (2WW) pathway for gastrointestinal cancer with iron deficiency anaemia (IDA) are investigated in our centre with colonoscopy, upper GI endoscopy and CT scanning; it is necessary to justify these investigations given the burden they place upon radiology and endoscopy services. Our aim was to examine the predictive role of ferritin in such referrals and to assess whether this might be used to better streamline investigations.

Methods Referrals to the upper and lower GI cancer pathway over a period of one year were screened for referrals made exclusively for IDA. Data was collected on ferritin level, age, gender, cancer detection and modality of cancer detection. Low ferritin was defined as <15 µg/L. Categorical variables were compared using a chi-squared test.

Results 3669 referrals to the upper and lower GI cancer pathway between May 2017 and May 2018 were screened for inclusion. 199 patients were referred exclusively for IDA of which 35 (17.5%) were found to have a malignancy. This compares to a local colorectal cancer detection rate of 5.0% for all referrals to the lower GI pathway. 119 patients (59.8%) had a low ferritin. There was no statistically significant difference between rate of cancer detection in the low and normal ferritin groups (16.8% vs 20% p=0.572). These cancers included several non-GI malignancies in both low ferritin and normal ferritin groups (5/20 vs 8/15, p=0.157) (See table 1). Males were more likely to have a cancer detected than females (26.1% vs 10.3%, p= 0.005). CT scanning missed the malignancy 6 cases of colorectal cancer subsequently detected on colonoscopy. Only 2 cancers were detected using upper GI endoscopy and both of these had been visible on CT scanning.

Conclusions This study demonstrated a high rate of cancer detection for anaemia referrals but there was no correlation between ferritin level and detection of cancer. Ferritin may not be a helpful marker in screening anaemia referrals. These results support our current practice of investigations however