PTU-102 MODERN MANAGEMENT OF PRIMARY BILIARY CHOLANGITIS: MULTIDISCIPLINARY TEAM DECISION-MAKING USING A HUB AND SPOKE MODEL

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Introduction In April 2017, NHS England (NHSE) commissioned the use of obeticholic acid as a licensed treatment option for primary biliary cholangitis (PBC), an autoimmune liver disease which causes progressive destruction in interlobular bile ducts leading to chronic liver disease. As per commissioning requirements, access is limited via specialist hospitals through referral to a dedicated hepatology multidisciplinary team (MDT). As one of the large tertiary referral centres chosen as a referral site, we took the approach of establishing a hub and spoke model to enable access to specialist care without the need for patients to be seen directly at the referral site.

Methods A PBC specific MDT with a quorum consisting of two Consultant Hepatologists and a Specialist Hepatology Pharmacist was established at the hub site. Hospitals in the surrounding area which were considered spoke sites were identified and contacted by the MDT to inform them of the process of making referrals. A training event was organised inviting all spoke hospitals to discuss the pathway and address their needs as referrers in addition to providing an update on

current guidelines and therapies for the management of PBC. Figure 1 shows the simple referral pathway established. A telephone and email helpline was made available to patients and referring clinicians in the event of any adverse effects or if further advice was required.

Results In a 14-month period, 77 patients were referred to the PBC MDT with 38/77 (49%) of patients being referred from spoke sites. 46/77 (60%) of patients were commenced on obeticholic acid, 26/77 (34%) were commenced on bezafibrate (unlicensed), 3/77 (4%) patients were recruited into a clinical trial and 2/77 (2%) patients were referred for transplant assessment.

Conclusions This demonstrates that the management of PBC is achievable through the development of hub and spoke pathways with key stakeholder input. It ensures equity of access to care and linkage to specialist services for the long term management of liver health.

PTU-103 HOME-DELIVERED INFlixIMAB INFUSION PROGRAMME IN IBD PATIENTS: SAFETY EVALUATION AND PATIENT SATISFACTION

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Abstract PTU-102 Figure 1 Referral pathway