REFERENCES

1. Laine L, Kaltenbach T, Barkun A, *et al.*, SCENIC international consensus statement on surveillance and management of dysplasia in inflammatory bowel disease, *Gastrointestinal endoscopy*, 2015;**81**(3);489–501.

PTH-088 QUALITY OF CARE IN IBD PATIENTS TRANSFERRING BETWEEN HEALTHCARE PROVIDERS

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Introduction Continuity of care is vital in managing IBD. Many patients with IBD are young and more likely to change location frequently. However little is known about the quality and impact of a transfer of care between gastroenterologists. This study aims to assess the quality of information provided when patients are referred to a new provider and assess the impact on disease.

Methods The GLINT network retrospectively audited outpatient IBD referrals between 1st Jan and 28thFeb 2018. Patients with an existing diagnosis of IBD transferring to a new secondary or tertiary healthcare provider were included. Hospital records were assessed using Cornerstones Health 'IBD Checklist for Care ContinuityTM'. A positive outcome was defined as the absence of a primary care attendance for IBD, clinically-diagnosed disease flare, steroid prescription or hospitalisation in the 6 months post referral. Discrete variables were analysed by Fisher's Exact test and continuous variables by Kruskal-Wallis (corrected for multiple comparisons).

Results 149 cases were identified from 16 hospitals with a median of 11 (IQR 4–15) patients per hospital. Diagnoses were CD in 44% (n=66), UC in 54% (n=81) and IBD unclassified in 1% (n=2). The median age of patients was 31 (IQR 25–45) years.

The sources of the referral letter were primary care (PC) (n=101, 68%), secondary care (SC) (n=36 24%) and private practice (PP) (n=11, 7%). The reason for transfer included re-location (n=75, 50%), tertiary opinion (n=35, 23%), transferring from PP (n=23, 15%) and transfer from paediatric care (n=8, 5%).

The referral letters received from SC included a significantly greater median number of data points (4, IQR 3–5, n=36) compared with from PC (2, IQR 2–3, n=101, p<0.0001), but not significantly more than from PP (3, IQR 2–5, n=11, p=0.06). Referrals from SC were more likely to include the most recent endoscopy report compared to those from PC (51% vs 22%, p=0.002) and the latest imaging (44% vs 11%, p<0.0001). Other data points including medication history were equally well provided by either source (86% vs 89%, n.s.).

Positive outcome was associated with the inclusion of more than 3 data points (OR 2.266, 95% CI 1.092 – 4.569, p=0.03), and specifically the inclusion of the most recent imaging (OR 2.844, 95% CI 1.185 – 7.19, p=0.04). Referrals from SC were associated with a positive outcome compared to those from PC (OR 2.941, 95% CI 1.264 – 7.021, p=0.01).

Conclusion This multicentre audit of IBD centres in London demonstrates that referrals pertaining to a transfer of care often lack key pieces of clinical data. Most referrals come from PC, yet tend to include less information, possibly due to

a lack of access to investigation results in PC. Hence, the IBD transfer of care checklist and greater involvement of SC in this process may improve the quality of information provided and ultimately positively impact on outcome.

PTH-089 RATES OF WOUND HEALING IN PATIENTS WITH CROHN'S DISEASE UNDERGOING PROCTECTOMY

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Introduction About 20% patients with perianal Crohn's (pCD) undergo proctectomy with a significant number developing unhealed wounds. The purpose of this study was to determine factors which may be associated with poor wound healing in patients with pCD who had undergone proctectomy in the biologics era.

Methods Case record review was carried out of 79 patients with pCD who underwent proctectomy at St Mark's Hospital between 2005 and 2017. Healing rates at 6 and 12 months post proctectomy were considered and univariate regression analysis was performed.

Results Complete data regarding healing were available for 97.5% (77/79) at 6 months and 100% at 12 months. 45/77 (43.7%) patients had failure of wound healing at 6 months and 34/79 (33%) at 12 months. A younger age at diagnosis of Crohn's disease was significantly associated with failure of healing at 12 months (median age 21± 9.7 unhealed; median age 27 ± 13.6 healed; p=0.03).

76.7% (61/79) patients received biologic treatments prior to proctectomy, however exposure to biologics was not a significant factor in predicting failure of wound healing (Infliximab p=0.74; Adalimumab p=0.57; Vedolizumab p=0.21). Current smoking status was not associated with poor wound healing (p=0.18).

Other parameters which were not associated with failure of wound healing in our cohort included gender, corticosteroid exposure in the previous one month, thiopurine exposure in previous 3 months, number of biologics exposed to, perianal sepsis on MRI within the last 12 months, Montreal Classification, duration of CD prior to proctectomy, albumin and CRP.

Conclusion A third of patients have unhealed wounds after 1 year follow-up after proctectomy. A younger age at diagnosis of Crohn's disease was the only factor associated with an unhealed perineal wound; this may in part be due to more severe disease progression in patients diagnosed at a younger age. Larger scale studies are required to determine if other parameters such as exposure to biologics play a role in predicting rates of wound healing.

PTH-090 A NEW MODEL OF CONSULTATION TO FACILITATE A PATIENT CENTRED APPROACH IN THE IBD CLINIC

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Introduction The consultation is a pivotal event in the clinician/patient relationship, defined as the act of seeking