hospital, particularly its role in managing patients concerns and avoiding hospital admission.

Methods A retrospective audit of 1000 IBD patient calls between August 2019 and October 2019 was conducted. The help line covered patients across all Imperial Trust sites – Charing Cross, St Mary's and Hammersmith Hospitals. The data collected included the following - Time of call, diagnosis, mode of contact, when the call was answered, number of attempts, advice given by whom, call reason and outcome.

Results The divide between UC and Crohn's was approximately equal (46.3% vs 48.5%). Out of the 1000 the majority (809) were direct patient contact. Voicemail was the most common mode of contact (577) followed closely by email (435).

84% of patients were answered on the same day, 12% the next day and 4% on another day. 84% of patients got through on the first attempt while 11% needed a second attempt and 5% required three attempts. Majority of the advice was given via telephone (70%), the second most common was email (24%).

Most calls (25%) were regarding investigation/treatment, 21% regarding flares, 12% results, 11% admin, 11% advice, 7% homecare, 4% earlier appointment and 4% side effects.

Regarding outcomes – 28% involved investigation/treatment, 13% repeat prescriptions, 13% results, 12% advice, 7% appointments, 5% admin, 3% dose escalation, 3% home care, 3% contacted the consultant, 2% biologics switch, 2% A&E/urgent care referrals and 1% support.

Conclusions The service was highly efficient; 85% of calls were answered < 24 hours while the clear majority could get through on the first attempt. A significant amount of patient contact was via email – allowing flexibility of contact between IBD Specialist nurses, patients and medical team.

The majority of calls and outcomes related to investigation, treatment and disease flare-up – demonstrating that the service is being used appropriately.

Only 2% of patients required A&E/urgent care referrals, demonstrating that access to specialist advice can reduce or avoid costly hospital admissions. These data are in keeping with systematic reviews that have all shown advice lines to be safe and cost-effective. Medication advice and monitoring was a common use of the advice line – this remote service helps provide a robust platform for toxicity surveillance.

In order to maintain the high quality of the service, ongoing IBD Nurse education and prescribing, can help maintain high levels of efficiency, good patient care and a high level of patient satisfaction.

P369 IMPLEMENTING A BIOLOGIC SWITCH PATHWAY TO FACILITATE TRANSITION TO BIOSIMILAR

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Introduction Biosimilar switches are likely to become a common scenario across specialties, can deliver significant savings, but can present a logistical dilemma. We implemented a Biologic Switch pathway focused on group Patient Education

Sessions (PES), devised by rheumatology colleagues, to facilitate a rapid patient-centred switch to biosimilar adalimumab in our IBD service.

Methods Adalimumab users were identified from IBD service excel spreadsheet of recorded users, Lloyds Pharmacy dispensing records and review of Clinic letters. Clerical support set up a 1 hour PES 'clinics' on the hospital patient management system (Trakcare); 10 patients per group session. Each patient was asked to record their preferences in an information letter explaining the switch and an *optional* invitation to attend the PES. A Registered General Nurse with no specialist knowledge of IBD was seconded for 10 weeks as a Biologics Switch nurse to deliver PES. On attendance, patients could ask the Biologic Switch Nurse questions about biosimilar, received pen device demonstration and tuition, a copy of manufacturer's booklet, Biologics Alert Card.

Results 138 patients were identified of which 132 were *verified* as receiving Humira and invited to attend a PES. 32 (24%) patients were happy to switch without PES, 43 (33%) patients accepted PES appointment but did not attend. 14 PES were delivered over 6 weeks.

Groups were observed to discuss individual experiences of their IBD, and how adalimumab had changed their lives for the better. Their main concerns were that the biosimilar might be less effective and whether they could they 'switch' back in that scenario.

Those patients happy to switch without attending PES and those who Did Not Attend PES were called by the Nurse to confirm current frequency and device used.

125/132 patients completed the switch. New prescriptions were completed, a database of biosimilar patients was set up, the old database was archived, and GP letters were dictated.

7 patients did not switch: 2 discontinued biologic (remission) 2 had surgical resection 2 switched to an alternative biologic and one refused to switch on principle and remains on Humira.

Conclusions PES can facilitate biosimilar switch in a rapid patient-centred fashion. Many patients are happy to switch without attendance. Extending the notice period may improve attendance of patients who would like to attend. PES could be extended to biologic 'new starts' too.

P370 ACCEPTABILITY AND OUTCOME OF INVESTIGATING IRON DEFICIENCY ANAEMIA IN THE ELDERLY

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Introduction The investigation of iron deficiency anaemia (IDA) in the over 80-year-olds presents a unique challenge due to co-morbidity, uncertain prognosis and differing attitudes to acceptability of invasive investigation. We evaluated the investigations accepted and the subsequent outcomes for elderly patients.

Methods We prospectively collected consecutive GP referrals of IDA patients aged 80+ between 2015 and 2018 seen by a single gastroenterologist. The options of invasive investigation (bidirectional endoscopy), non-invasive investigation (CTC – CT pneumocolon; CT long oral prep; CT TAP – CT thorax, abdomen, pelvis), or no investigation, were discussed and offered in a standardised manner.