a gastroenterologist via social media would be desirable, and 46 patients (56.8%) wanted a gastroenterologist to answer patient questions in a dedicated social media group. Only a small number of patients had concerns regarding the use of social media in healthcare. The most commonly reported concerns were that their medical condition would not be effectively treated (9.8%), or that the quality of care provided would be inadequate (8.9%).

Conclusion The majority of IBD patients are active on social media, and most would welcome the integration of social media into the management of their IBD. Some platforms have already begun offering these services. Further research is required to investigate the optimal method to integrate social media into the delivery of IBD services.

**P376 DEVELOPING A CONSTIPATION SERVICE – WHAT IS THE REAL COST OF CONSTIPATION?**

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Introduction Constipation is a common complaint in the UK, generating a significant burden of A&E attendances and accounting for £71 million in unplanned admission in 2017/18. This study aimed to establish the cost and wider impact of these admissions on hospital services, to develop a streamlined constipation service at the Trust.

Methods We interrogated 11 years of retrospective data (2008–2018), outlining every admission at a teaching hospital coded as constipation (k59.0). Key criteria identified included: length of stay, age at attendance, gender, primary and secondary diagnoses, and medical specialty providing care. Analyses of these criteria were carried out to establish basic demographic data, evaluate changing epidemiological features over time, and create a cost estimate of these admissions to the Trust.

Results There were 6111 patient admissions with constipation as a diagnosis in the study period, with a 463% increase in admissions during this time. Patients were admitted under 28 different specialties ranging from General Medicine to Psychiatry.

2538 patients accounted for 3055 admissions with constipation as the primary diagnosis, with a mean age 57 years and females accounting for 57%. Mean age has increased from 57 years to 70 years during the study period. 301 patients had >1 admission (range 1–21). Mean length of hospital stay (LOS) was 3 days (median: 0.9, range 0–80), although the mean has decreased from a 6 days in 2008 to 1 day in 2018.

Only 2% of admissions had an identifiable cause and opioid use was the commonest precipitant. Admissions with functional constipation is reducing, accounted for 1% of all admissions. 25% of all admissions had potential adverse sequelae resulting from constipation, ranging from benign haemorrhoids to perforated diverticular disease.

At our hospital the total cost of hospital bed nights alone (excluding treatment costs) for primary constipation was £3,665,240 over 11 years, rising from £233,120 in 2008 to £397,040 in 2018.

Conclusion The number of admissions with constipation is increasing, with a significant number of recurrent attenders and an associated increase in rudimentary costs. Almost every hospital-based specialty had inpatients with constipation over the ten-year period. There are obvious precipitants and adverse sequelae. This study has established the cost justification of a constipation pathway at our hospital, as well as providing data to monitor the intervention of a constipation clinical nurse specialist. Using these services to provide early specialist management is likely to permit a reduction in cost and duration of admissions within all hospital specialties.

**P377 IMPACT OF THE FAECAL IMMUNOCHEMISTRY TEST (FIT) ON BOWEL CANCER SCREENING (BCS) RESOURCES**

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Introduction From July 2019, FIT replaced Faecal Occult Blood Test (FOBt) as the BCS screening tool for individuals aged 60 to 75. As FIT detects and quantifies human haemoglobin in stool, changes in service demands were expected due to increased sensitivity. Additionally, pilot testing noted increased screening uptake from 59.3% to 66.4%. The extent of the change upon service demand has not been assessed in the full BCSP.

We aimed to assess the impact of this change on BCS associated resources at our screening centre.

Methods Data was analysed from all patients attending appointments with a Specialist Screening Practitioner (SSP) after either a positive FOBt (March to May 2019) or FIT (September to November 2019) test. The June to August 2019 period was excluded due to a cross over period between the 2 kits. Endoscopy, radiology and surgical procedures as well as histology and SSP time were recorded. 45’ slots of SSP time were allocated for each of initial consultations, attendance at colonoscopy and colorectal multidisciplinary team meeting (if applicable); 20’ slots for flexible sigmoidoscopy and EMR consent. Subsequent follow up telephone or clinic consultations were allocated 10’. Statistical testing was undertaken with an unpaired t-test.

Results 164 patients attended in the FOBt group and 216 patients in FIT- a increase of 32% (n=52) in patients with positive tests attending for appointments.

Comparing the 3 month periods, FIT testing required 63 more endoscopic procedures (212 vs 149 colonoscopies and 4 vs. 7 flexible sigmoidoscopies). There were 102 hours of additional SSP time required and a 112% increase in the endoscopic polyp/biopsy samples with 190 extra specimens. There were significantly more polyps found within the FIT group (n=337 vs. 154, p=0.004). Total numbers of radiological investigations remained similar (31 FIT vs. 28 FOBt). Patients with malignancy requiring surgery (13 vs. 6) or palliative oncological treatment (2 vs. 1) were higher in the FIT group thereby doubling surgery and oncology resource needed. Estimation of financial impact is underway.

Conclusions The change to FIT testing within our service has led to notable increases in service demand on SSP time, endoscopy procedures and histopathology services. There has also been a doubling of cancers resulting in impact on surgery and oncology resource. Analysis of this impact aids workforce and service planning in NHS sites delivering BCS.