Abstract P383 Table 1

Guideline	Guideline followed (%)	Guideline not followed (%)
Discussed at MDT	92%	8%
Baseline bloods within 1 month of starting	90%	10%
Blood borne virus screen within 6 months of starting	70%	30%
CXR prior to starting	72%	28%
Quantiferon prior to starting	80%	20%
3 month clinic appointment on time	46%	54%
3 month consultant review	76%	24%
Clear decision made to stop or continue	76%	24%
Discussion about continuing biologic at 1 year?	64%	36%
Drug level check at 1 year	36%	64%

Following patients up:

- 54% did not have appropriate 1st follow-up appointment (32% early, 22% late)
- 24% had initial treatment response inadequately recorded
- 36% had annual inadequate recording at annual review of treatment response and plan to continue biologics
- 4% had their new biologic stopped at 1 year

Conclusions Results show that we are not following our local guidelines in a significant minority of cases. Some of this may be due to lack of recording or a consistent approach to assessments. Lack of outpatient resource prevents timely reassessment of patients and opportunities for dose titration or appropriate change of treatment are missed. The finding that 95% of patients were maintained on biologics after 12 month is at odds with published response rates & it is possible that patients are continuing treatment which is not effective.

To address the failures shown by this audit we propose alternative models including virtual review. Annual review will consist of a consultant led remote review of response to biologic & a decision on ongoing treatment. A proposed IBD pharmacist will aid with optimal dosing and adherence to protocol.

P384 DOES BLOOD DONATION IN GENETIC HAEMOCHROMATOSIS MATCH THE DEMANDS OF THE UK BLOOD TRANSFUSION SERVICES?

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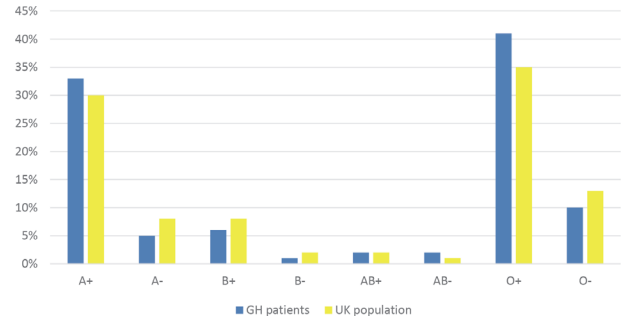
Introduction In patients with Genetic Haemochromatosis (GH) and iron overload, the mainstay of treatment is venesection. Current UK[3] and European[4] guidelines recommend that, in uncomplicated haemochromatosis, therapeutic venesection should be undertaken at a blood donor centre in order that blood can be utilised by transfusion service. However, given that GH occurs almost exclusively amongst North European Caucasians, we aimed to determine whether the blood donated from our GH cohort matched the needs of the blood donation service.

Methods A specialist haemochromatosis clinic was established in a tertiary liver centre to standardise care and facilitate blood donation amongst this cohort. Data on all those attending was collected along with blood type, where available. Data was collected on new referrals to the local blood donor service along with blood type of those donating. Population blood type data was sourced from NHS Blood and Transplant.[3]



Abstract P384 Figure 1 Blood type comparison – our GH cohort with UK population

Results Since implementation, 187 patients have been seen in the specialist clinic (117 male; median age 59). Of these, 50 are now blood donors. Overall, blood type was available in 114. Distribution of blood types amongst our GH cohort was very similar to the UK donor population (figure 1). The commonest type in both was O+ (41% GH; 35% UK) followed by A+ (33% GH; 30%) then O- ['universal donors'] (10% GH; 13% UK). Rh genotyping had been done on some donors to enable better matching of blood products to patients. The Ro subtype of RhD+ was identified in 1 patient.

Conclusion The blood types of our North-East GH cohort were almost identical to that of the UK donor population which is less ethnically diverse than the general UK population. Whilst each donation is beneficial, there are higher demands for certain blood types. Priority blood groups are O-, the 'universal donor', and the Ro subtype of RhD+; the latter needed for increased demand patients with sickle cell disease. These blood types constituted only a small number of our cohort. However, there is a willingness to donate amongst GH patients. Implementing a service to facilitate blood donation for GH patients more widely would proportionally increase the availability of all blood types whilst also affording the opportunity to maximise communication with and recruitment of 'Priority Blood Group' donors.

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P385 NATIONAL SURVEY EVALUATING THE PROVISION OF GASTROENTEROLOGY DIETETIC SERVICES IN ENGLAND

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