Conclusion Patients with MC are diagnosed within a median of just over 3 months of symptom onset. Some patients are still referred and diagnosed long after symptom onset. There may be patients with chronic diarrhoea in the community who are undiagnosed. There is some variation in prescribing practice for MC. Standardisation of management pathway in the UK would assist with management (Münch A, et al. Frontline Gastroenterology 2020;11:228–234).

Introduction The Covid-19 pandemic has been a strong catalyst in driving the reconfiguration of gastroenterology outpatient models of High Cost Drug (HCD) delivery. This service evaluation aims to explore the impact of multiple quality improvement initiatives synchronously implemented by the HCD pharmacists and the gastroenterology clinical team, to improve medication safety and HCD treatment access.

Methods The Plan-Do-Study-Act (PDSA) quality improvement methodology was applied to three key service areas, from March 2020 to May 2021: i) 95 Hepatitis B (HB) patients receiving FP10 HCD prescriptions were reviewed by the clinical team for switch to the hospital outpatient pharmacy model (HOP), enabling HCD collection from their local pharmacy. Conversely, Hepatitis C (HCV) patients struggled to reach the HOP. To improve treatment access, 29 eligible HCV patients were offered HCV HCD homecare (HC) delivery, enabling direct delivery to the patient’s preferred address ii) development of a digital pharmacy database to record queries and pharmacist interventions supporting safety monitoring for 450 HC gastroenterology patients iii) exploration of alternative HCD formulations available via HC.

Results 100% of the eligible HCV patients agreed to the HC model and 100% of HB patients agreed to the HOP. HCD pharmacists helped to resolve 114 HC prescription queries in regard to incomplete bluetec pro formas, delayed clinic follow-up reviews and blood monitoring. Subcutaneous (SC) formulations of vedolizumab and infliximab recently became available for self-administration (SA) via HC, as options for eligible inflammatory bowel disease (IBD) patients considered to be at-risk of Covid-19. 41 patients receiving intravenous (IV) vedolizumab at the hospital were eligible for switch to SC via HC. 26/41 patients agreed to switch. 2/26 patients switched back to IV as 1 patient = reported IBF flare and 1 patient = injection site reaction. 15/41 patients refused the switch. IV infliximab patients eligible for switch to SC are currently being reviewed. 72 new starter IBD patients were identified for potential commencement of the new cost-effective adalimumab biosimilar via HC.

Conclusions Gastroenterology HCD prescriptions are now being processed safely via two main outpatient delivery models, both governed by robust contractual arrangements. Improved clinical monitoring has helped to reduce the risk of adverse events, thereby improving medication safety. These simple initiatives also delivered prescribing cost efficiencies in excess of £400,000 ensuring best use of NHS resources.