SARS-CoV-2 pandemic has significantly affected delivery of gastroenterology services across UK. Transition to telephone clinics, redeployment of clinical staff and reduction in endoscopy capacity have resulted in additional pressures on the IBD advice line. We retrospectively analysed Chelsea and Westminster Hospital NHS Foundation trust’s IBD advice line to evaluate the impact of the pandemic and to identify areas to improve upon.

**Method** Phone calls to IBD advice line are recorded on an excel sheet by the IBD nurses; this was used to identify list of patients who called the advice line between January – February 2021. Electronic operating system, Cerner, was used to mine data relevant to each phone call. Outcome parameters audited include patient demographics, reasons for call, outcomes from call, faecal calprotectin levels in documented flares, time since last clinic appointment and time to next outpatient appointment. This project was locally registered with the hospital’s clinical audit team.

**Results** 209 patients contacted the service between 4/1/2021 to 04/02/2021. We were able to interrogate notes for 199 patients. 55% (n=109) of patients had Crohn’s disease, 39% had ulcerative colitis and 6% had indeterminate colitis. 55% of patients were female (n=109) and median age was 32 years (youngest=18, oldest = 72). 90% ( n=179) of the phone calls were from patients and remaining phone calls were from GPs and allied health care professionals. 10% of patients needed more than one attempt to call them back. 26.6% (n = 53) of the phone calls were related to flares, 13.6% (n = 27) of the phone calls were directly related to COVID-19 and 13.6% (n = 27) were related to further guidance on treatment. 22.6% of the phone calls needed IBD sisters to chase investigations, liaise with secretaries to chase appointments and convey results of investigations.

Phone calls directly related to COVID-19 include advice regarding shielding, implications for medications during periods of acute illness and advice regarding vaccinations.

Of the 53 patients who had documented flare, 27 had a raised faecal calprotectin of >250ug/g. 28.1% (n=56) phone calls resulted in telephone advice from IBD nurses and 14.1% (n=28) needed escalation to a gastroenterology consultant or team.

26% (n=51) of the patients were spoken to in an outpatient telephone clinic with in the last 4 weeks and 31% (n=61) patients had an appointment coming up in the next 4 weeks.

**Discussion** SARS-CoV-2 pandemic has put additional pressures on the IBD advice line. In January 2021, there were 20% more phone calls than January 2020 at our centre. It is reassuring that there is no gender predominance in who accesses the advice line. Younger median age is consistent with peak incident age but with aging population and increasing prevalence of IBD in this cohort, more need to be done to ensure that there are no barriers to older population accessing the helpline. As intended, significant proportion of the phone calls were related to disease flares, however IBD nurses were only able to offer advice to 28.1% of the patients. This highlights the need for a greater through put of patients and freeing up secondary care medical staff for more complex cases.

Although the Liver Nurse Specialist team were fully on board with identifying suitable patients, not all eligible patients took the service up. We are not sure the reason for this, although we are aware that the cohort of patients with NAFLD are often considered the ‘hard to reach’ patients, faced with multiple challenges, which may mean ‘health’ can slip down their priority list. It is worth noting that the majority of patients seen had complex long standing issues contributing to their poor health. Aspects of family functioning including conflict and divorce; emotional eating, insomnia, depression, anxiety were highlighted and in most cases were worked with throughout the support sessions from the psychologist.

Overall, it is considered that this new pathway and multi-disciplinary clinic has been very worthwhile. There have been noticeable improvements identified through the use of appropriate assessment tools and from positive qualitative patient and clinician feedback. In terms of future plans funding has been secured to work with innovation colleagues to provide a virtual version of supported self-management for less complex patients. This will allow a greater through put of patients and help further implement the new NAFLD pathway and multi-disciplinary approach.
the need for strong adhoc clinician support to deal with complex patients and dedicated time for ongoing professional development for the IBD nurses. High volume of phone calls resulting in chasing investigations, conveying results and liaising with administrative team on behalf of patients necessitate better education about the IBD advice line. 57% of the patients who called had recently had a clinic appointment or was due one; with very little training given on running telephone clinics, one wonders about the clinical effectiveness of telephone clinics and whether the clinicians are able to address all of patients’ concerns during these appointments.

During the COVID-19 pandemic, IBD advice line has been a valuable resource to patients. From safety and cost effectiveness (IBD advice line cost - £39/call, A&E attendance - £148/visit) point of view, it continues to enhance patient experience.

### PTH-61

**FAECAL ELASTASE MAY HAVE A ROLE IN THE INVESTIGATION OF IRON DEFICIENCY ANAEMIA**


10.1136/gutjnl-2021-BSG.376

**Introduction**

Faecal elastase-1 (Fel-1) is often used for investigation of diarrhoea and if exocrine pancreatic insufficiency (EPI) is suspected. It is common in routine clinical practice that patients with EPI have iron deficiency anaemia (IDA). Although logical that EPI patients are prone to IDA due to malabsorption, the association has not yet been shown in the published literature. We wanted to see how strong the positive association might be between low Fel-1 (and therefore EPI) and IDA.

**Methods**

Patients with low Fel-1 <200 mcg/g were identified retrospectively from December 2019 to November 2020. Endoscopy, radiology, coeliac serology and ferritin results were reviewed. None of the low Fel-1 patients had an identified cancer or any other cause for IDA. Statistical analysis was performed to study the association of IDA in patients with low Fel-1.

**Results**

301 Fel-1 results were available over one year period

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>47/301 (16%)</td>
<td>patients with low Fel-1</td>
<td>26/47 were females</td>
</tr>
<tr>
<td>Mean age 66 (SD±15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/47 (15%)</td>
<td>low Fel-1 patients had IDA and unremarkable investigations</td>
<td>7/7 (100%) with low Fel-1 and IDA had diabetes or impaired glucose tolerance</td>
</tr>
<tr>
<td>7/40 (17%)</td>
<td>with low Fel-1 and normal ferritin had diabetes</td>
<td>26/254 (10%) with normal Fel-1 had IDA</td>
</tr>
<tr>
<td>10%</td>
<td>with normal Fel-1 and normal iron sensitivity of finding IDA in low Fel-1 patients</td>
<td>0.15 (95% CI 0.06 – 0.28)</td>
</tr>
<tr>
<td>Specificity 0.90 (95%CI 0.85 – 0.93)</td>
<td>Positive predictive value 0.21 (95%CI 0.09 – 0.39)</td>
<td>Negative predictive value 0.90 (95%CI 0.80 – 0.89)</td>
</tr>
<tr>
<td>Positive likelihood ratio 1.5 (95%CI 0.67 – 3.20)</td>
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</table>

**Conclusions**

1. Our study shows that low Fel-1 is positively associated with IDA.
2. Fel-1 may have a role in investigation of unexplained iron deficiency anaemia.
Correction: *PTH-60 Impact of SARS-CoV-2 pandemic on the IBD advice line– a single centre experience*


Nur Nurmahomed should be included in the abstract as first author.

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