

need to have a validation process of surveillance referrals with a cost saving in our case of 115 less colonoscopies equating to 23 lists.

Further changes to processes could enhance patient care further such as nurse reviewers contacting patients by telephone or in appropriate clinics. Improvements in documentation and electronic data bases for surveillance patients which include family history of colorectal cancer to inform decision making.

Disclosure of Interest None Declared

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OC-078 COST SAVINGS AND OUTPATIENT CLINIC APPOINTMENTS SAVED: A 2 YEAR REVIEW OF A NURSE LED TELEPHONE ADVICE LINE FOR INFLAMMATORY BOWEL DISEASE

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Introduction In 2008 the Luton & Dunstable University Hospital set up a nurse led telephone advice line for inflammatory bowel disease (IBD) patients. This service was set up to provide specialist assistance for GPs, IBD patients and their carers in the community. A recent national audit looking into the role of the IBD specialist nurses highlighted the value patients attribute to easy access specialist advice at the point of need [1]. The patients can call for a range of issues including general advice, their blood results, to change clinic appointments or to discuss patient self management of flares in their IBD. The advice line has become a major component of the IBD nursing post.

Objective To assess the cost savings and number of outpatient appointments (OPAs) saved through nursing intervention using the IBD advice line.

Methods For a 2 year period every phone call to the advice line was logged and recorded. If the advice given help prevent or expedite a patient request for an urgent OPA, then this was recorded. Both the patients' GPs and IBD Consultants were informed of any changes in the patients' clinical management. A cost analysis was made using the national tariff of £85 for a routine OPA clinic visit.

Results In 2011 a total of 1252 phone calls were received. This led to 305 OPAs being saved and 44 being expedited. This saved our local primary care trust (PCT) £25,925. In 2012 a total of 2205 phone calls were received. This led to 194 OPAs being saved and 58 being expedited. This saved our local PCT £16,490.

Conclusion There has been a year on year increase in the number of patients using the IBD advice line. In the last 2 years 3457 calls have been received, 499 OPAs have been saved and 102 OPAs have been expedited. Over 2011 and 2012 this nurse led advice line has saved our local PCT £42,415. As a result of our audit we have managed to secure funding for the advice line where clinical management has been shown to saved a clinic appointment.

Disclosure of Interest None Declared

REFERENCE

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OC-079 DEVELOPMENT AND VALIDATION OF NEW CLINICAL DISEASE SEVERITY INDEX FOR PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A PROSPECTIVE MULTICENTRE STUDY

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Introduction Due to the different presentations of patients with inflammatory bowel disease, several clinical severity indices were used in the past. Interestingly, most (if not all) of these indices were not properly validated and did not go through a robust methodology. Our aim is to develop a new clinical disease severity index that valid, easy obtainable in the clinic and suitable to all IBD patients.

Methods The development of Swansea IBD clinical severity index (SICSI) followed a clinimetric approach. Items were devised using IBD experts opinions and through reviewing 17 clinical severity indices commonly used in studies for UC and CD. To ensure items are applicable, we asked a small focus group of IBD specialists, statisticians and methodologists to review these items and ensure good face and content validity. Psychometric properties were tested on 210 patients to remove redundant items and shorten the index. Construct validity was checked using biochemical markers like CRP, WBC, HB and albumin and clinical indices which are: Harvey Bradshaw index, simple clinical colitis activity index and perianal disease activity index. If patient is having an endoscopy, endoscopic indices will be recorded as well which are mayo clinic score, Rachmilewitz scores and simple endoscopic score.

Results We found that 7 items account for 98% of the variance of the total score and they are: Abdominal pain or discomfort, stool consistency compared to the usual, blood in stool, number of stool frequency, general well being, nocturnal symptoms and urgency. Items that had high item total correlation > 0.8 like physician global assessment were removed from the index as they are redundant. Temperature and abdominal mass had a zero variance score and did not add any value to the total score and were removed during factor analysis. Internal consistency (Correlation of items with each other) was acceptable (Cronbach alpha = 0.827). SICSI had good correlation with the clinical, biochemical and endoscopic severity scores ($r > 0.5$).

Conclusion It is clear that the Swansea IBD clinical severity index will perform well in clinical practise. Further studies are going on to implement the index in clinical practise. The index has been incorporated into our local IBD registry to follow up and monitor patients. There are plans to develop an iPhone application.

Disclosure of Interest None Declared

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OC-080 IBD-SSHAMP (SUPPORTED, SELF HELP AND MANAGEMENT PROGRAMME); UK'S FIRST INTERNET BASED REMOTE MANAGEMENT SYSTEM FOR MANAGING STABLE IBD

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Introduction In February 2012 the Luton & Dunstable University Hospital in Hertfordshire, became the first hospital in UK to commence a remote management programme for stable inflammatory

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