Abstract G199(P) Figure 1

complete the full 2-week course of Omegaven®. All had total bilirubin levels above 80 µmol/L at commencement of Omegaven®. During their episodes of sepsis, bilirubin and CRP rose in all patients. Transaminases were deranged in all. All 7 patients showed improvement in septic markers during Omegaven® treatment. 3 patients showed improvement in bilirubin during treatment, which was maintained in the long term in 2. 1 patient was transferred to another centre for further medical treatment early in her Omegaven® course: her bilirubin was static.

Conclusion Use of Omegaven® as a short term rescue ILE in infants with IFALD and sepsis appears safe. The expected deterioration in liver function associated with sepsis was not seen in this series.

G200(P) EVALUATION OF SHARED CARE FOR IBD WITHIN A REGIONAL CLINICAL NETWORK

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Introduction In 2008 BSPGHAN guidelines for Inflammatory Bowel Disease (IBD) were published. The South-West of England paediatricians have developed a regional clinical network whereby children, suspected of having IBD travel to Bristol for full diagnostic work-up. Post diagnosis care is provided by paediatricians at the local hospital with advice from Bristol and a joint three monthly out-patient clinic in Swindon. Children with very severe disease or needing surgery are dealt with by Bristol team. Effectiveness of this model was audited and found to be improved after the introduction of BSPGHAN guidelines

Aim This pilot study aimed to assess parent and patient views regarding quality of service provided within Swindon/Bristol regional network.

Subjects and methods Thirteen children aged <16 years diagnosed with IBD between 2010–2011, managed by shared care services. A telephone questionnaire survey designed with 12 questions and a free comments section. Questions included length of time to diagnosis, information sharing, satisfaction with services and preferences re further follow-up care.

Results 9/13(69%) responded to telephone survey, 3/13(23%) had moved out of area and 1/13(8%) could not be contacted by telephone. Of 9 patients, 4 had Crohn's disease, 3 Ulcerative colitis and 2 Indeterminate colitis. 4/9(45%) parents felt their concerns were adequately addressed initially at Swindon whereas all parents were satisfied with services provided at Bristol for diagnostic work up. 6/9(67%) parents felt they were satisfied with the expertise available locally for post-diagnosis management. However 8/9(89%) parents were happy with follow-up care by the joint care services at Swindon.

Conclusion This single centre pilot demonstrated that joint care provided by this model not only leads to care more concordant with BSPGHAN guidelines but is appreciated and valued by parents. There is scope for further improvements. This pilot study provides a template for ensuring and improving parent/patient involvement and satisfaction; there are plans to modify the questionnaire taking into account any suggestions for improvements and roll it out over the whole SW shared care IBD network soon.

G201(P) SURVEY OF MANAGEMENT OF IRON DEFICIENCY ANAEMIA IN CHILDREN WITH INFLAMMATORY BOWEL DISEASE IN THE UK

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Aim To study the current practise of management of iron deficiency anaemia in children with inflammatory bowel disease (IBD) in the hospitals across the United Kingdom.

Methods We conducted an internet based survey among the Paediatric Gastroenterologist, Paediatrician with interest in Gastroenterology and the Specialist Nurses in Paediatric Gastroenterology using Survey Monkey tool. Survey was conducted over a 3 month period from September 2012 to December 2012. Participants were sent a questionnaire regarding their case load, criteria for investigations for iron deficiency anaemia in IBD and modalities of treatments used for correcting iron deficiency anaemia. A total of one hundred health professionals were invited to participate in the survey.

Results The total response rate for the survey was 35%. 57% of the responses were from tertiary care paediatric gastroenterology