Inflammatory Bowel Disease (IBD) Clinical Nurse Specialist (CNS) Report
April 2014 – March 2015

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Introduction
This document provides a report of the activity of the IBD Clinical Nurse Specialists service from April 2014 to March 2015.

The IBD CNS team currently consists of the following members of staff;

- Marian O’Connor  Consultant Nurse (promoted in October 2014)
- Tracey Tyrrell  Lead IBD CNS (Commenced in post as Lead in January 2015)
- Hannah Yarrow  IBD CNS
- Kay Crook  Paediatric Gastroenterology CNS
- Maeve Hawes  IBD CNS (Currently on Maternity Leave from Dec 2014-Sept 2015)
- Orla Gillane  IBD CNS
- Susan Osborne  Secretary to the IBD CNS team
- Evi Kyriakidou  IBD Dietician

IBD Day Care Unit team;
- Monica Waga – IBD Nurse
- Guia Penonia – IBD Nurse (commenced in post in February 2014)
- Androulla Hadjinicolaou, Administrator

The IBD nursing service aims is to provide patients with support and information to allow for self-management of their disease where appropriate, but to provide rapid access to specialist advice, information and clinical care as a priority.
IBD Clinical Nurse Specialist Services

1. Telephone & E-mail Advice line

The aim of the advice line is to provide patients (adult and paediatric) with a point of access for advice regarding their condition or information regarding their disease and treatment. The advice line service works on a voicemail system and patients are advised to only call when they are able to wait for us to call them back with advice. On returning the patients call (within 1 working day), the IBD CNS will assess the patient over the telephone (accessing the CIS records) and advise the patient when appropriate to manage their symptoms or where necessary provide the patient with an urgent clinic review with their consultant.

All calls made to the advice line are recorded on the ICS system under the clinic code NPIBD15D, which generates £27.00 per call (PrB tariff, DOH 2010). All calls are documented live (at the time of call) onto the Contacts tab on the patients Clinical Information System (CIS) record, which ensures patient safety, continuity of care and access for the wider MDT to view this record.

The generic e-mail LNWH-tr.ibdnurse@nhs.net aims to provide patients with e-mail access for basic queries which can be dealt via e-mail and an initial return e-mail states that their e-mail contact implies that they are consenting to discussion electronically.

The table below is a breakdown of activity and outcome of the calls, split into those managed by advice alone, an urgent appointment made & those admitted to hospital.

<table>
<thead>
<tr>
<th>Total Calls received</th>
<th>Advice given</th>
<th>Clinic Appointment made</th>
<th>Admitted to hospital</th>
<th>Total e-mails received</th>
</tr>
</thead>
<tbody>
<tr>
<td>3197</td>
<td>2350 (73%)</td>
<td>847 (26%)</td>
<td>13 (&lt;1%)</td>
<td>4,230</td>
</tr>
</tbody>
</table>

2. Nurse-Led Clinics & Telephone Review Clinics

- Nurse led clinic CMH: Monday pm
- Nurse led clinic SMH: Tuesday pm
- Nurse Led clinic SMH: Friday am (started sept 2014)
- Paediatric Nurse led clinic: Monday pm (started June 2014)
- Paediatric Nurse led clinic: Thursday am
- Telephone review clinic: Monday evening
- Telephone Immunosuppressant clinic: Monday am
- Paediatric telephone review clinic: Monday pm (started June 2014)
The **Nurse-led clinics** are set up to provide follow up for the following patients (both adult and Paediatric) with:

- Newly diagnosed patients or those requiring further information and education
- Stable IBD whom require a 6 or 12 month follow up (offer patients the opportunity to be reviewed over the phone rather than attending clinic)
- Patients who require a clinic review following commencement on immunosuppressant medications particularly in the case of dose escalation for example. Otherwise patients can be reviewed by phone in the immunosuppressant clinic – see below.

Patients referred into the nurse led clinics are allocated a 30 minute clinic appointment which allows for adequate support and education to be given regarding their needs.

The **telephone review clinic** provides follow-up for patients with stable IBD and can alternate with their planned 6-12 monthly follow-up in out-patients as a means of reducing the number of follow-up appointments in the consultants’ out-patients clinics. This telephone clinic also provides an interim review for patients on Adalimumab therapy (in between their 6 month out-patient consultant appointment).

The **telephone Immunosuppressant clinic** is undertaken via the telephone mostly and patients are contacted in the event of abnormal blood test if they are being monitored by our database (see section below).

The following table shows the total number of patients seen in these clinics over the past year.

<table>
<thead>
<tr>
<th>Clinic</th>
<th>April 2014 – March 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Led Clinic CMH</td>
<td>89</td>
</tr>
<tr>
<td>Nurse Led Clinic SMH (Tuesday pm)</td>
<td>123</td>
</tr>
<tr>
<td>Nurse Led Clinic SMH (Friday am)</td>
<td>51</td>
</tr>
<tr>
<td>Paediatric Nurse Led Clinic (Monday pm)</td>
<td>79</td>
</tr>
<tr>
<td>Paediatric Nurse Led Clinic (Thursday am)</td>
<td>198</td>
</tr>
<tr>
<td><strong>Telephone review clinic</strong></td>
<td><strong>155</strong></td>
</tr>
<tr>
<td><strong>Telephone Immunosuppressant clinic</strong></td>
<td><strong>126</strong></td>
</tr>
<tr>
<td><strong>Paediatric telephone review clinic</strong></td>
<td><strong>56</strong></td>
</tr>
</tbody>
</table>

*Referral to any of the nurse led clinics can be done by marking clearly on the Green outcome form in clinic for an appointment to be made with the IBD Nurse clinic & copy the clinic letter to the IBD CNS team for information.*

**3. IBD Day Care Unit**

The IBD Day Care Unit is a 3 chaired unit and is now opened 5 days per week, located on level 4, St Marks.

Admission times are staggered, allowing for 9-10 patients to be treated each day with Intravenous therapies; Infliximab and Ferinject. In addition, a clinic room in the physiology
The department is also utilized two days per week, to provide treatment to patients requiring subcutaneous therapies; Adalimumab or Methotrexate injections.

**At present we manage 542 patients on anti-TNF therapy consisting of 289 patients on Infliximab & 253 patients on Adalimumab therapy. In addition we have 10 patients on sub-cutaneous/intra-muscular Methotrexate.**

The following table shows the total number of patient admissions to the IBD Day Unit in the past year.

<table>
<thead>
<tr>
<th>Total number of admissions</th>
<th>April 2014 – March 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1929</td>
</tr>
</tbody>
</table>

4. Immunosuppressant Monitoring

The aim of this service is to provide patients with a safe means of having their blood tests monitored whilst on immunosuppressant therapy, in the case of their GP not agreeing to monitor (these medications include Azathioprine, Mercaptopurine, Methotrexate, Tacrolimus and Ciclosporin).

505 patients are currently being monitored using this system.

The database system *Therapy Audit Monitor* is used in the department to monitor blood test results for patients taking these immunosuppressant medications. *This system works by firstly* flagging the abnormal blood tests for patients (parameters are set in accordance with the protocols for each medication) and is checked on a weekly basis by the IBD CNS team. The IBD CNS team will then contact the patient via telephone to discuss their abnormal blood test results and arrange for a change of dose of their immunosuppressant and/or repeat blood test (as per protocol). *Secondly this system* highlights the patients who have not attended for their regular monitoring and generates a letter which is sent to them with a blood form to remind them to attend with St Marks or Central Middlesex out-patients department for their blood tests.

*To refer any patients to this service please e-mail us or send us a copy of your patients clinic letter.*

5. Paediatric & Transition services

Kay Crook commenced in post as the Paediatric Gastroenterology CNS in November 2013, and her post has been substantiated by trust in March 2015, after successfully demonstrating the need with a business case, and development of a robust paediatric service for IBD patients.
Kay works with Dr Warren Hyer and cares for approximately 130 paediatric patients with IBD, under the care of the trust.

Kay provides support via the IBD telephone advice line and is a point of contact for parents to discuss their child’s health by telephone or email. In addition Kay reviews children within twice weekly nurse led clinics providing a nursing review and further education regarding the disease or management plan for both child and parents.

Furthermore, there are 45 Paediatric patients on immunosuppressant therapy who attend the Paediatric out-patients department for regular blood tests as local GP services do not usually take Paediatric patients blood tests. These patients are now being followed up safely using the Therapy Audit monitoring system which identifies any abnormal blood test results and non-attenders for routine monitoring which Kay can then action according to protocol.

There are currently 7 Paediatric patients maintained on Infliximab therapy whom attend the Paediatric day care unit, supported by Kay.

**Recent & planned developments**

Kay has worked in conjunction with the nursing manager & paediatric pharmacist, to provide access to IV iron therapy (Ferinject) for patients over 14 within Paediatric day care, and since this service has been available from December 2014, 5 patients have been treated.

Kay has reviewed the Transition clinic which occurs monthly with Dr Hart, Hyer & Akbar to better support this group of young adults through their transition to adult care/services. The clinic is being moved to a Friday afternoon from September 2015. There are 42 patients who have moved through transition and are now being seen in the young adult IBD clinic, they are seen by any member of the MDT team in the clinic. There will be 4 dedicated appointments to transition new patients to the new team and surroundings with support from both paediatric and adult nurses and consultants.

Kay has worked with Dr Hyer & Jackie (Paediatric Polyposis Nurse) and the endoscopy unit to develop the paediatric sedation service to complement the transition service. Over the past year, 25 patients who have been through this pathway with lists held every 1-2 months. The service has been audited with data presented at both national and international meetings.

Joint endocrine clinics were established in February 2015 and occur every 3 months with Dr Hyer, Dr Massoud (Paediatric endocrinologist) and Kay. The most common referrals are for delayed puberty and are at the patient/parent request.

Following a successful young people’s focus group Kay has initiated the St Mark’s young IBD patient panel. The first project is to develop an open information event for young person which meets their needs rather than the adult patient/parent.

In addition, Kay has been awarded a Shire innovation fund grant £1500 to develop a paediatric IBD Information booklet for children, young people and parents.

Following the IBD Audit which was completed this year in 2014 for the Paediatric department and the development of a Quality Improvement Plan (QIP) Kay is working on a business case with Dr Hyer and Paediatric managers to improve the services for Paediatric patients with IBD.
6. Bleep service

At SMH, the IBD Nurses can be contacted via Bleep 471 to see in-patients or out-patients, and we endeavor to accommodate this around our scheduled clinical duties. In CMH an IBD Nurse is only available on Monday afternoons to review in-patients. We will endeavor to attend clinics or the wards as requested to review and support patients.

192 in-patients were reviewed by the IBD nursing team in the past 12 months on the wards. 32 ad-hoc clinic reviews were also undertaken when bleeped to attend the out-patients departments.

7. Meetings

IBD Nursing Team Meeting Friday 8.30-9am
The whole IBD Nursing team meets weekly on a Friday to ensure that the clinical service is managed effectively and safely, with the meeting being chaired by the Lead IBD CNS. This meeting is also an opportunity for any staff that has attended a clinical or educational meeting to feedback on learning to the wider team, which encouraged sharing of that knowledge and ensures development opportunities of all members of the team.

IBD Executive Meeting Tuesday lunchtime monthly
This meeting is normally held once per month (Tuesday lunchtime), chaired by Marian O’Connor and is attended by the IBD Consultants, IBD CNS team and management and is an opportunity to discuss and plan for areas of the IBD service which require development/improvements.

IBD Multidisciplinary Team Meeting (MDM) Wednesdays 8-9am
The IBD MDM occurs weekly in the lecture room F, level 3, Medical education center, St. Mark’s. Breakfast is provided by a medical representative & tea/coffee kindly supplies by the St Marks academic institute.

The format of this meeting is as follows;
@ 8am Clinical Research Trial updates OR IBD Nursing Service update
@ 8.10am Clinical cases with radiology available from 8.30am.

This meeting provides the whole IBD team the opportunity to discuss difficult or challenging clinical cases, in order to gain input from relevant disciplines and agree a management plan. All consultant gastroenterologists, consultant surgeons, registrars, clinical & research fellows, IBD nursing team as well as radiology and histopathology are invited to attend.
The IBD Nursing team co-ordinates this meeting & sends out a weekly e-mail reminder.

To refer any patients for discussion please complete the referral form which is available on the IBD Intranet page (under meetings).

Virtual Biologics Meeting (VBM) Fridays 1-2pm
This meeting occurs weekly in the physiology Meeting Room, Level 5, St. Marks and all Consultant Gastroenterologist are invited to attend along with the pharmacy team and the IBD Nurses.

The aim of this meeting is to discuss
- **New starters:** All new patient due to commence on Anti-TNF therapy
- **Loss of response:** Review any patients whom appear to be losing response to therapy and make a plan for escalation of therapy (identified by the IBD CNS team in the IBD Day Care Unit OR via the telephone review for patients on Adalimumab)
- **Issues with treatment:** Monitor tolerance, side effects and use of concomitant immunosuppressant’s
- **Funding:**
  1. **Ongoing Funding:** All patients need to have a 12 month review form completed for ongoing Anti-TNF therapy if this is deemed appropriate by their consultant Gastroenterologist. This should be completed when the patient is reviewed in the out-patients clinic with their consulting team and a decision made to continue treatment beyond 12 months (if the clinic appointment ties in with the end of therapy).
  2. **Pending approvals:** Abigail Livermore from the SLA team provides an update on the progress on any pending funding applications.

**IBD Patient panel Meeting (PPM) Bimonthly Tuesday evenings**
The Patient panel meets every 2 months and is attended by a group of 10 regular patients who provide feedback on current or new IBD Services. Two members of the IBD CNS team attend this meeting as a means of providing a link between this patient group & the team.
The IBD patient panel & the IBD team continue to arrange an annual IBD Open day.

**- IBD Open Day Planned for Saturday the 21st of November 2015**
This open day event aims to raise awareness of Inflammatory Bowel Diseases and the specialist services available within St Mark’s Hospital to care for patients with IBD. This day is an open invite to people and family members affected by inflammatory bowel diseases (IBD), with set presentation from various member of the IBD team on the management of IBD. Lunch and refreshments are provided free of charge, and during the lunch time break those attending have the opportunity to visit stalls which are set up by various team members, including the dieticians, pharmacy, IBD Nursing team, Nutrition’s nursing team, as well as charities including Crohn’s and colitis UK (CCUK), CICRA which is the childhood charity, and the St Marks foundation.

The Open day has now been running annually since 2011 and is well attended by approximately 160 people. Please do inform any interested patients to visit the St Marks web site to keep up to date with progress and later in the year, leaflets will be available in the out-patients department which can be provided to interested patients.

8. **IBD Intranet Page**

To access the IBD intranet page:
Click on the main intranet icon > Departments & other sites > Inflammatory Bowel Disease

Here you will find the following;

**IBD Service Information**
- Paediatric
- Research
- Dietician
- Annual Reports

**IBD Service Information;** This page provides an introduction to the IBD Service, including the main staff contact details, and how to refer patients.

**Algorithms, Protocols, Guideline;** All of the protocols/algorithms & guidelines have been agreed through D&T & are updated as necessary.

**Information sheets;** Within this tab you will find information sheets for the patient on medication, surgery and other aspects related to IBD.

**Medications;** This section provides access to all of the high cost drug application forms which must be completed electronically. In addition, you will find the *Shared care guidelines* Azathioprine/Mercaptopurine & Methotrexate which are to be sent to the GP to allow for on-going blood monitoring (if the GP agrees)

**Team Meetings;** Within this tab you will find further details on the IBD MDM and the VBM.

I would welcome any suggestions for further improvements or necessary updates to the information provided on the IBD web page – please e-mail us on LNWH-tr.ibdnurse@nhs.net.

9. **IBD Dietician Service**

The IBD dietetic service has been put in place since January 2014. The Dietitian Evi currently provides services to St Mark's Consultant-led clinics including IBD, gastro, surgical, transition clinic as well as running her own weekly independent dietetic clinic. Dietetic cover is also provided to the IBD Day Care Unit where patients can be seen on an ad-hoc basis. Since May 2014 the dietetic service has been expanded to provide inpatients care, in order to improve patient experience and continuity of care.

**Total number of out-patients seen by the Dietician - 822 patients**
*Out of these 242 patients were seen in the Dietetic Clinic (Friday IBD clinic) and the rest were seen in consultant-led clinics or the IBD Day care Unit.

**Total number of in-patients - 350 patients** *(The service was expanded to inpatients in May 2014)*

10. **Position of responsibility, Education and Visitors**

**Marian O’Connor** continues to be part of the International steering committee for IBD Connect which is focused on improving communication between patients and healthcare practitioners. In
addition Marian is the chair of the IBD Nursing Academy which supports the development of senior IBD Nurses across the UK. Marian also regularly peer reviews articles for GIN (Gastrointestinal Nursing) and British Journal of Nursing and Journal of Crohn’s and Colitis. Marian was awarded MSc in Health studies in November 2014 at the University of Bedfordshire and is currently undertaking her Non-Medical Prescribing course also at the University of Bedfordshire.

**Tracey Tyrrell** is the current chairperson of The London RCN Network Group (since September 2013). In addition Tracey also peer-reviews articles for GIN (Gastrointestinal Nursing). Tracey has recently completed the MSc module on Research Methods & Applied Data at City University as part of her Master’s program.

**Hannah Yarrow** has acted as Advisory person on CCUK publications (Food & IBD booklet - reviewed for CCUK November 2014). Hannah is currently undertaking an MSc in Advanced Nursing Practice at City University.

**Kay Crook** Appointed as the chairperson for the BSPGHAN (British Society of Paediatric Gastroenterology Hepatology and Nutrition) Associate members group in January 2015, and continue as the vice chair for the BSPGHAN/RCN Paediatrics IBD Nursing group and is a committee member of the national IBD Audit Steering Committee. Kay was awarded MSc by research In January 2015 for work entitled Paediatric Nurses Experiences of using the Inflammatory Bowel Disease (IBD) Patient Held Record (PHR) in Clinical Practice

For the full list of the team’s presentations and publications undertaken within the past 12 months, see appendix 1 & 2.

The IBD CNS team has received 21 visitors to the unit to observe and learn from the IBD Nursing service and develop best practice, over the past 12 months. The majority of the visitors were from overseas, hailing from Europe, Saudi Arebi and Australia & Japan.

### 11. Current developments

**Consultant Nurse Role**

Marian was promoted to the role of Consultant Nurse in October 2014. At present in the UK there are approximately five Gastroenterology Consultant Nurses but this post is the first Consultant Nurse post specifically for IBD in the UK – therefore making this post another first in the history of St. Mark’s Hospital.

As a consultant nurse I will continue to care daily for patients with IBD and alongside this role will allow me to have a greater influence within nursing education & research and leadership within the discipline and indeed continue to develop the IBD nursing service for the benefit of patient care. I am committed to continuing to grow the IBD service and continually striving to ensure the highest standard for patient care.
Summary

As is demonstrated within this report, the IBD CNS service remains a well utilized and successful department and central to the quality of care provided to patients with IBD cared for at the trust.

In the past 12 months an estimated 10,961 patient contacts were undertaken by the IBD CNS team (this figure is the total number of patients seen in the IBD Day care unit, nurse led clinics, the IBD Advice line, wards reviews and the immunosuppressant monitoring service and included paediatric).

The key areas of growth are identified below following increased service provision with the employment of extra staff over the past 12 months;
- The telephone and e-mail Advice Line service remains an extremely busy service which is now accessible 5 days per week for patients (increased from 6 sessions per week in 2014 to 9 sessions per week). An increased proportion of patients are now accessing the advice and information via e-mail which is notable with 4,230 e-mails in the past 12 months being dealt with by the team.
- Nurse Led Clinics; The total number of clinics provided by the IBD CNS team has increased from 5 per week in 2014 to 8 per week in 2015, providing follow-up for an additional 411 patients compared with 2014 figures.
- The IBD Day Care Unit; The day unit is now opened 5 days per week, with 9 sessions per week dedicated to Intravenous therapies and 3 further sessions per week for subcutaneous therapies. This has resulted in a 17% increase in admissions to the unit in the past 12 months.
- The Immunosuppressant Monitoring Service; This service has seen a 26% increase in referrals as compared with 2014.
- Ward Reviews; The IBD CNS team now have 3 session per week dedicated to undertake ward reviews and support in-patients with IBD, which has resulted in a 45% increase in the numbers of patients seen in the past 12 months.
- Paediatric Service; The paediatric IBD service continues to develop as detailed above and has improved the quality and access to support, treatment and information for IBD children and their parents.

Educationally, the IBD CNS team has provided 39 presentations both nationally & internationally and published 3 articles in the past 12 months, which continues to highlight the success of the St Mark’s IBD Nursing service.

Finally, I would like to also take this opportunity to thank all members of the IBD Nursing Team for their continued dedication and work to provide an excellent patient focused service for patients with IBD.

If you would like to discuss any of this report or make any suggestions, please do not hesitate to contact me directly.

Kind Regards
Marian O’Connor
Consultant Nurse - IBD
Contact details
Phone 0208 235 4155
Fax number 0208 869 5487
Office Ext 5803/5806
E-mail: marian.o’connor@nhs.net
### Appendix 1

**Marian O’Connor Presentations**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25th April</td>
<td>AbbVie Meeting (Cambridge) entitled New Reports ECCO</td>
</tr>
<tr>
<td>8th May</td>
<td>University of Chicago, USA (Invited speaker by Professor Rubin) Patient focused Nursing care in IBD</td>
</tr>
<tr>
<td>9th May</td>
<td>University of Chicago, USA (Invited speaker by Professor Rubin) Advancement in IBD Nursing Practice</td>
</tr>
<tr>
<td>23rd May</td>
<td>International IBD Connect International Meeting, Brussels, Belgium, The true value of understanding and Understanding benefit and risk</td>
</tr>
<tr>
<td>24th May</td>
<td>International IBD Connect International Meeting, Brussels, Belgium, Do we really understand our patients? Putting it into perspective</td>
</tr>
<tr>
<td>30th May</td>
<td>Grand round (St. Mark’s) entitled IBD Nursing Service</td>
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<tr>
<td>11th June</td>
<td>Clinical Governance Meeting presentation entitled Revised Immunosuppressant Protocol</td>
</tr>
<tr>
<td>7th Sep</td>
<td>Norway IBD Nurses National Meeting, Oslo, Norway; presentation entitled IBD Nursing at St Mark’s and the value of N-ECCO</td>
</tr>
<tr>
<td>13th Nov</td>
<td>Dr Falk Meeting, London; presentation entitled Motivational interviewing and its’ value in the care of IBD</td>
</tr>
<tr>
<td>14th Nov</td>
<td>Dr Falk Meeting, London; presentation entitled Case study of pregnancy in IBD combined with anti-TNF therapy</td>
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<tr>
<td>21st Nov</td>
<td>AbbVie Netherlands IBD Connect Meeting, Amsterdam Netherlands; presentation entitled How to close the gap between HCP’s and patients with communication</td>
</tr>
<tr>
<td>25th Nov</td>
<td>St Mark’s Frontiers Symposium; presentation entitled The Nursing perspective of managing active Ulcerative Colitis</td>
</tr>
<tr>
<td>23rd Jan</td>
<td>Gloucester and Cheltenham Clinical Exchange program; presentation entitled The role of the IBD Nurse in the Biologics service</td>
</tr>
<tr>
<td>30th Jan</td>
<td>National Gastrointestinal Nursing Conference; presentation entitled Skin disorders associated with IBD</td>
</tr>
<tr>
<td>18th Feb</td>
<td>European Crohn’s and Colitis Organisation Conference, Barcelona Spain; presentation entitled Assessment of IBD (N-ECCO School)</td>
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</tbody>
</table>
M O’Connor 18th of February 2015 European Crohn’s and Colitis Organisation Conference, Barcelona Spain; Takeda sponsored N-ECCO symposium, presentation entitled Adopting a patient centred approach to treating IBD

M O’Connor 18th of February 2015 European Crohn’s and Colitis Organisation Conference, Barcelona Spain; MSD sponsored symposium, presentation entitled What are the right quality indicators for the management of IBD.

M O’Connor 20th of February 2015 European Crohn’s and Colitis Organisation Conference, Barcelona Spain; Plenary session, presentation entitled The value of the IBD Nurse

M O’Connor Chairperson for the following meetings
M O’Connor 16th & 17th of May 2014 IBD Nurse Academy, London

M O’Connor 5th of June 2014 IBD Nurse Biologics Study Day, Grim’s Dyke Hotel, Harrow

M O’Connor 18th of February 2015 Takeda N-ECCO Symposium, Barcelona, Spain

M O’Connor 18th of February 2015 MSD N-ECCO Symposium, Barcelona, Spain

Tracey Tyrrell Presentations
Tyrrell T 30th of May 2014 Grand round (St. Mark’s) entitled IBD Nursing Service

Tyrrell T 2nd of June 2014 Post grad teaching (St. Mark's) entitled IBD Nursing Service

Tyrrell T 5th of June 2014 IBD Nurse Biologics Study Day (Grims Dyke) entitled Delivery Biologics

Tyrrell T 11th of June 2014 Degree Stoma Nurse Day (Moor Park) entitled IBD in the Adult

Tyrrell T 2nd of July 2014 Senior IBD Nurse Team meeting (St. Mark’s) entitled Review of the Service

Tyrrell T 17th of September 2014 Degree Stoma course (Moor Park) entitled Medical Management of IBD

Tyrrell T 9th of October 2014 Royal College of Nursing IBD Network Meeting (London) entitled Healthcare professional advice to patients regarding topical therapies in IBD: Feedback from Questionnaire

Tyrrell T 17th of February 2015 Degree Stoma Nurse Course (Moor Park) entitled IBD

Hannah Yarrow Presentations
H Yarrow 30th of May 2014, St Mark's Grand Round, entitled The IBD Nursing Service
H Yarrow, 7th of October 2014, Post Graduate teaching, entitled The role of the IBD CNS

H Yarrow, 8th of November 2014, IBD Open Day, entitled Specialist Nursing Services at St Mark’s Hospital

H Yarrow, 18th of November 2014, Gastrointestinal Nursing Conference, entitled Overview of IBD

H Yarrow, 18th of November 2014, Gastrointestinal Nursing Conference, entitled Supporting patients; the role of the IBD CNS

Kay Crook Presentations
Crook K, 19th May 2014, Frontline IBD Study day (Midland Hotel, Manchester) entitled Adolescent IBD workshop

Crook K, 22nd May 2014, Clinical Audit and Clinical Excellence meeting (St Mark’s) entitled Paediatric IBD Departmental Audit 2014

Crook K, 30th May 2014, St Mark’s Grand Round entitled Inflammatory Bowel Disease nursing (Paediatric service)

Crook K, 3rd June 2014, Paediatric Grand Round (NPH) Paediatric Inflammatory Bowel Disease nursing

Crook K, 5th June 2014 St Marks Biologics study day (Grims Dyke Hotel, Harrow) Differences between adults and children with IBD

Crook K, 8th November 2014 IBD Annual open day (St Mark’s) Children with IBD

Crook K, 29th January 2015, BSPGHaN Annual General meeting (Stratford -up-on Avon) Associate Members’ yearly report

Crook K, 6th February 2015 St Mark’s Ground round entitled Paediatric Nurses Experiences of using the Inflammatory Bowel Disease(IBD) Patient Held Record (PHR) in Clinical Practice

Kyriakidou, Evi Presentations
Kyriakidou, E Presentation to Pouch Nurses as part of the Ileo-anal pouch advanced Masterclass

Kyriakidou, E Presentation on diet and IBD at the IBD open day

Kyriakidou, E - Presentation of the IBD outpatient nutrition screening audit results to MDT
Posters Presentation

**M O’Connor, Hart, A, Arebi, N** The clinical nurse specialist telephone advice lines; a clinical audit of the standard of information and outcomes

**Tyrrell T, Greveson K, Duncan J, Norton C, on behalf of RCN IBD Network, London and South East London Regional Group.** Healthcare professional advice to patients regarding topical therapies in Inflammatory Bowel Disease. ECCO; 2015

**Crook K, 28th January 2015 BSPGHaN Annual Meeting (Stratford-up-on Avon) Adolescent colonoscopy – Sedation vs General Anaesthetic: What do patients prefer?**

**Crook K, 28th January 2015 BSPGHaN Annual Meeting (Stratford up-on-Avon) Paediatric Nurses Experiences of using the Inflammatory Bowel Disease (IBD) Patient Held Record (PHR) in Clinical Practice**

**Appendix 2**


Julián Panés¹, Marian O’Connor², Laurent Peyrin-Biroulet³, Peter Irving⁴, Joel Petersson⁵, Jean-Frédéric Colombel⁶ *Improving quality of care in inflammatory bowel disease: what changes can be made today?* Journal of Crohns and Colitis (2014)

**Yarrow, H, Tyrrell, T, O’Connor, M,** on behalf of St. Mark’s IBD Nursing Team (2014) Nurse perspective of the IBD passport. GIN