

FACILITATING EQUITABLE IBD CARE TRUST-WIDE: A NEED FOR TREATMENT TARGETS IN IBD?

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Poster

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A UK audit comparing two hospitals found that patients at a tertiary referral centre started biologic therapy for IBD substantially faster after initial consideration (35.5 vs 94.5 days median) than at a district general hospital, though infusion service availability was similar at both sites.

KEY POINTS

- Median time from consideration to first biologic dose was 94.5 days at the district general hospital versus 35.5 days at the tertiary centre ($p < 0.01$), but time from funding application completion to first dose did not differ significantly between sites ($p = 0.42$).
- The delay at the district general hospital appeared attributable to longer time completing initial investigations and finalising escalation decisions rather than infusion service capacity.
- Patients receiving their first biologic at the district general hospital showed a trend toward longer time since diagnosis (3.2 vs 1.7 years median, $p = 0.08$).
- The district general hospital managed IBD care with a single IBD nurse and fewer fast-track clinic options, which the authors suggest may contribute to delays.
- The authors call for clear UK IBD standards specifying recommended timeframes for initiating biologics to ensure equity across tertiary and district general hospital settings.

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