Richard Driscoll Award Finalist 2025

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Digital Transformation of the Inflammatory Bowel Disease Advice Line

Hazel Morris

Lead IBD Clinical Nurse Specialist, University Hospitals Coventry and Warwickshire NHS Trust

INTRODUCTION

Prompt patient access to inflammatory bowel disease (IBD) advice is essential to prevent disease flares, reduce emergency admissions and support patient confidence. The IBD nursing team faced rising advice line queries, delays in flare management and inefficient communication.

In response, the IBD nursing team implemented Accurx, a secure, NHS-approved messaging platform, to improve communication with patients, speed up responses to queries, enhance the overall patient experience, create a more efficient, digitally enabled service, and align with the Trust's roll-out of paperless electronic patient records.

METHODOLOGY

The IBD nursing team integrated Accurx into routine practice in December 2024, with daily use from January 2025.

Patients contacting the advice line are triaged, with appropriate responses sent via Accurx, enabling 2-way communication for advice, test results, flare management and appointments, plus rapid follow-up or urgent escalation. Before Accurx, rising call volumes hindered next-day call back standards, delaying urgent cases and increasing team pressure.

RESULTS

Providing an IBD advice line is a requirement of the IBD Standards, ensuring that patients receive a call back within 48 hours.[1] The IBD team conducted audits of advice line call volumes and associated nursing time before and after implementing Accurx, to assess the impact on workload and efficiency.

Section 4: Flare Management

IBD UK
Strategy
Partnership
Quality Improvement

Statement 4.3

Rapid access to specialist advice should be available to patients to guide early flare intervention, including access to a telephone/email advice line with response by the end of the next working day.

An audit of the call volume to the advice line was taken before and after Accurx was introduced.

Calls before Accurx (July to December 2024):

- Total calls: 3,077 (average 512 calls per month, 25 calls per day, approx. 15 mins per call)
- Nursing time required for call backs: 6.25 hours per day

Calls after Accurx (January to June 2025):

- Total calls: 2,568 (average 428 calls per month, 19.5 calls per day, approx. 15 mins per call)
- Nursing time required for call backs: 4.8 hours per day

Text messaging via Accurx

Since the implementation of Accurx, the IBD team have sent 2000 text messages, equating to approximately 500 hours of nursing time. This shows a huge time saving, allowing for quicker response times for more urgent cases.

This has been especially important since losing a team member due to long-term sick leave in January 2025. Although the reduced team capacity meant that the advice line hours had to be reduced (which is reflected in the reduced number of calls to the advice line from January 2025), the introduction of Accurx has saved the team approximately 4.8 hours per day in time required for call backs.

Flare Triage Forms

Accurx also provides Flare Triage Forms, which patients complete via text to give essential information before a call back. This supports workload management, particularly for short-staffed teams. In a pilot from January to July 2025:

- 332 of 2,912 interactions were resolved via Flare Triage Forms, avoiding follow-up telephone calls.
- This represents an 11.4% reduction in nurse-led follow-up telephone calls.

OUTCOMES

The implementation of Accurx has:

- **Improved responsiveness:** Enabled faster flare management and timely follow-up.
- **Enhanced patient experience:** Provided direct, secure and easily accessible communication with the IBD team.
- **Increased efficiency:** Reduced pressure on the traditional telephone advice line, freeing up nursing time.

Patient feedback has been overwhelmingly positive, highlighting the ease, speed and reassurance provided by secure messaging. One patient commented:

> *"It made it easier for me to get help without having to leave the office to take the call."*

The success of this initiative has inspired plans to expand the use of Accurx, including patient-initiated contact forms, ePROMS development and QR code access, aiming to develop a streamlined, patient-centred, digitally-enabled IBD service.

We currently do not have data on A&E admissions before and after the implementation of Accurx, but this is an area we plan to explore as the service expands.

Reference:

1. IBD UK, IBD Standards 2019. Available (https://ibduk.org/ibd-standards). Accessed October 2025.

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