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THE CLINICAL OUTCOMES AND EFFICACY OF A NURSE PRACTITIONER LED COLONOSCOPY SURVEILLANCE SERVICE

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Introduction Colonoscopy surveillance has always provided service challenges with regards to appropriateness, validation, waiting times and listing for most endoscopy departments in the UK. However, following the NPSA safety alert (NPSA/2009/RRR012) for bowel cleansing agents, the service was required to be more diligent in the assessment of surveillance patients who require interval colonoscopies according to the BSG guidance for surveillance, (Revised guidelines May 2010). In order to overcome the above issues, we introduced a new Nurse Practitioner led Colonoscopy Surveillance Service.

Aim To determine the clinical outcomes and efficacy of this new service.

Methods Over a 4 month period, all patients due to attend for surveillance colonoscopy referrals were reviewed by a Nurse Practitioner. Estimated -GFR was checked in the at risk patients prior to the nurse led clinic (telephone or normal) before their scheduled colonoscopy. Only following their review were the patients listed. The outcomes were documented on an Access Database and audited.

Results 210 patients were reviewed of which 12 patients (6%) had deceased at the time of their recall. Of the remaining 198, the median age was 68 years, & ASA score 2. In the patients with eGFR recorded (n=158), 13% had a low eGFR (<60). In total 12% diabetic, 6% on anticoagulants/clopidogrel, 1.5% had advanced liver disease, 1.5% with implantable cardiac devices and 1.5% required special consent or was on oral iron. In total medical management was influenced by the consultation in 32% of cases. Overall 37% of patients did not require their scheduled colonoscopy as they were either deceased or discharged back to either their referring consultant or GP. With the current colonoscopy traffic, the PCT savings surmounted

to £37 128. Of those listed, 25% required the procedure at a later date and in only 42% of cases were there agreement with the initial listings.

Conclusion The Nurse practitioner led clinic help achieve 100% NPSA guidance compliance. It has been invaluable in medical management of patients prior to colonoscopy thus improving patient safety and quality of care. With 37% of patients not requiring their procedure and patients surveillance interval prolonged in $\frac{1}{4}$, this offers substantial (1) savings to the PCT of potentially over £110 000 per annum and (2) improvement in colonoscopy capacity.

Competing interests None.

Keywords colonoscopy, surveillance, nurse, finance, NPSA, cost effectiveness.