

secondary care.¹ A community gastroenterology clinic was established in Sheffield in 2011 to deliver out-patient care closer to patients' homes while retaining access to specialist expertise. This study reports results from the first 8 months of the community clinic and compares with secondary care gastroenterology clinics.

Methods A single, weekly, consultant-delivered new patient community clinic (CC), designed as a "one touch", single consultation, was established in primary care for a Consortium of 27 General Practices. Data for the study period, March 2011–October 2011, was retrieved for the CC from referral proformas, letters and primary care records. This was compared to secondary care clinics for patients' referred from the same consortium during the study period and for the same time period the year prior to the CC (March 2010 to October 2010).

Results In March–October 2010, 579 patients from the consortium were seen in secondary care gastroenterology clinics. During March–October 2011, 896 patients were seen in gastroenterology clinics: 741 (82%) in secondary care and 155 (18%) in the newly established CC. Mean age was lower in the CC (50 vs 57.8 years, $p < 0.001$), with 42/155 (27%) aged over 65 in the CC compared to 310/741 (42%) in the secondary care clinic ($p < 0.01$). 67/741 (9.0%) patients did not attend appointments at the secondary care clinic compared to 9/155 (5.8%; $p = 0.15$) in the CC. Median waits for CC appointments was 21 days at month 1 rising to 47.5 days in month 8. Presenting features were altered bowel habit ($n = 59$ (38%)), abdominal pain ($n = 23$ (15%)), reflux type dyspepsia ($n = 18$ (12%)) and iron deficiency anaemia ($n = 16$ (10%)). 144 patients (93%) attending the CC had had the specified pre-clinic investigations. 118/146 (81%) patients attending the CC were discharged back to the GP after one visit: of whom 111 (94%) had further tests recommended (33 blood tests, 56 gastroscopy, 53 colonoscopy, 16 ultrasound abdomen). In the 2010 period prior to the CC, 35/579 (6%) patients seen were discharged from their initial secondary care clinic review ($p < 0.0001$).

Conclusion The new primary care gastroenterology clinic is associated with higher initial discharge rates, moving co-ordination of ongoing out-patient management to primary care. However, this was not associated with a reduction in patients seen in secondary care and attracted a younger cohort of patients. Additional follow-up is required to assess effects on overall healthcare resource utilisation.

Competing interests None declared.

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PTU-246 NHS BOWEL CANCER SCREENING PROGRAMME

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Introduction Background: The NHS Bowel Cancer Screening Programme (BCSP) in England was established following successful pilot screening programmes in England and Scotland.¹ The BCSP commenced in 2006 with a 3-year phased implementation offering screening to men and women aged 60–69. The programme also enabled people aged 70 and over to self-refer into the screening programme.

Objectives:

–reduce mortality from bowel cancer by up to 16%.²

–offer men and women aged 60–69 a guaiac-based FOBt every 2 years.

–enable those over 70 to be screened on request.

–offer those with an abnormal screening result a colonoscopy as the investigation of choice.

–refer for treatment if cancer is found at screening colonoscopy.

–transfer to colonoscopic surveillance within BCSP where intermediate/high risk polyps are found.

Methods The programme comprises five regional programme hubs responsible for call and recall, laboratory processing of test kits and booking clinic appointments for participants with abnormal FOBt results. Participants with an abnormal FOBt result are referred to a local screening centre to discuss colonoscopy with a specialist screening practitioner (SSP) within 2 weeks and offered a screening colonoscopy within a further 2 weeks. General practitioners are not directly involved in the screening process, but do receive information to support their patients to make an informed choice.

Results All 58 screening centres have completed their prevalent round of screening, and the entire eligible population has received at least one invitation. The screening invitation age range is being extended to 75th birthday from 2010 in response to the government's Cancer Reform Strategy.

Conclusion Over twelve million invitations have been despatched. Data shows that uptake has increased from 47.73% in prevalent round to 87.41% in incident round and positivity has decreased from 2.19% in prevalent to 1.99% in incident round. Of these patients, prevalent round data showed 9.90% had a confirmed cancer diagnosis and in incident round this has reduced to 6.05%. Over 143 000 diagnostic tests have been carried out, of which 130 402 were screening colonoscopies. Episode outcomes also show a reduction in incident rounds of high risk polyps (10.21% to 7.65%) and intermediate risk polyps (17.95% to 14.33%). There has been an increase in low risk polyps (15.81% to 21.13%) and abnormal findings, not polyps (19.73% to 26.38%).

Competing interests None declared.

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PTU-247

ERCP—CAN A SMALL VOLUME UNIT PROVIDE A SATISFACTORY SERVICE?

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Introduction In recent years, systems grading ERCP technical difficulty have been introduced in UK clinical practice. According to these, small volume units are advised to refer complex cases to specialised centres. Conversely, in the US the American Society for Gastrointestinal Endoscopy (ASGE) has announced favourable results of community based hospitals ERCP success rates compared to university hospitals. Recommended competence rates are: 90% successful bile duct cannulation, 85% for bile duct stone removal and 90% for bile duct drainage of a blocked duct.¹ In the UK, the J.R. B. Green and the UK ERCP stakeholders working party and Joint Advisory Group (JAG) suggest an overall 80% success rate.² This study compares ERCP success rates in Nobles Hospital, a geographically isolated District General Hospital, to the competence rates of ASGE and JAG in order to assess whether ERCP can be performed successfully in district general hospitals in the UK.