OC-006 SETTING UP A CENTRALISED DECONTAMINATION SERVICE: LESSONS LEARNT

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Introduction Decontamination is moving towards a centralised service within secondary care. The aim of such is to maximise expertise and maintain quality standards. The development of centralised decontamination will minimise risk and assist the audit process. Within the authors workplace the decision was taken to house this service within the endoscopy department.

Methods An analysis of current services that used flexible endoscopes was undertaken including workforce, equipment and current usage of decontamination within the area it was undertaken. This included endoscopy, ENT & MFU outpatient and inpatient, ITU, Theatres. This led to a business case to request appropriate resource to enable implementation and deliver of required service for all users. Results There was a difference in perceptions of a centralised decontamination service from all stakeholders. Each department had a tunnel vision with little regard for others. This led to a conflict due to all users having different priorities with little understanding of other pressures. Out of hours decontamination was an expectation from management with no acknowledgement of the impact this would have on the workforce. It was understood that all capital equipment would be pooled, however this was not accepted by some departments and led to shortages of endoscopes as services were reluctant to "share". The development of a band 4 decontamination supervisor helped the implementation of the service by offering expertise and leadership to all user groups. Management expectations of the service were often unrealistic due to lack of expertise in the area. The band 4 role offered a realistic solution using the knowledge and skills from their own experience in the field. Savings were delivered by the reduction of reprocessors required for maintenance contracts.

Conclusion Clear understanding of objectives is required prior to the development of any service. It is vital that a stakeholders group is formed and gives all involved the time to voice any concerns at any stage. Workforce requirements must be analysed to ensure the right skill mix is available to deliver the required knowledge and skills for implementation and sustainability. There needs to be greater emphasis on business continuity plans when centralising any service.

Competing interests None declared.

BSG plenary session

OC-007 THE NATIONAL COLONOSCOPY AUDIT: A NATIONWIDE ASSESSMENT OF THE QUALITY AND SAFETY OF COLONOSCOPY IN THE UK

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Introduction Colonoscopy is the gold standard procedure for the diagnosis and non-surgical management of colonic disease. Poor quality colonoscopy is associated with complications and reduced effectiveness in disease prevention. A previous large-scale study of colonoscopy practice in the UK demonstrated disappointing results

with poor caecal intubation rates and higher than expected complication rates.¹ Since then there has been significant investment in endoscopic training, a quality assurance framework for endoscopy units has been implemented and the National Bowel Cancer Screening Program has been rolled out nationally. The aim of this study was to assess the quality of contemporary UK colonoscopy.

Methods A nationwide audit of colonoscopy practice was conducted over a 2-week period from 28 February 2011 until 11 March 2011. The study was performed prospectively, with data entry occurring electronically through a purpose built website (http://www. endoaudit.com). All units performing >100 colonoscopies annually on NHS patients were included. All colonoscopies performed on adults (>16 years of age) were included. Data on key performance indicators and complications was collected and analysed.

Results Data on 20 085 colonoscopies and 2681 colonoscopists were collected from 301 units. A validation exercise indicated that data were collected on >94% of all procedures performed nationally. The overall, unadjusted caecal intubation rate (CIR) was 92.3%. When adjusted for impassable strictures and poor bowel preparation the CIR was 95.8%. The polyp detection rate (PDR) was 32.1%. The PDR for significant polyps (>1 cm diameter) was 11.7%. 92.3% of resected polyps were retrieved. 90.2% of procedures achieved acceptable levels of patient comfort. A total of eight perforations and 52 significant haemorrhages were reported. Eight patients underwent surgery as a consequence of a complication.

Conclusion This is the first national audit of colonoscopy that has successfully captured the majority of adult colonoscopy performed during a defined time period. The data confirm that there has been a significant improvement in performance of colonoscopy in the UK since the last study reported 7 years ago (CIR 76.9%) and that performance is above the required national standards.

Competing interests None declared.

REFERENCE

 Bowles CJ, Leicester R, Romaya C, *et al.* A prospective study of colonoscopy practice in the UK today: are we adequately prepared for national colorectal cancer screening tomorrow? *Gut* 2004;53:277–83.

OC-008 DEFINING THE GENETIC LANDSCAPE OF OESOPHAGEAL ADENOCARCINOMA BY NEXT-GENERATION SEQUENCING

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Introduction Despite its dismal prognosis and steady increase in prevalence little is known about the genetic alterations that drive oesophageal adenocarcinoma. As part of the International Cancer Genome Consortium: Oesophageal Adenocarcinoma (ICGC-OAC) we performed a pilot study, sequencing the genomes of 32 OAC samples, to assess the feasibility of initiating a large scale project sequencing a total of 500 OAC genomes.

Methods A total of 56 genomes were selected for sequencing including 32 OAC genomes—16 chemotherapy-Naive, 16 chemotherapy-treated—and 24 matched normal genomes. Whole genome sequencing was performed on the Illumina Hiseq 2000 platform. Initial bioinformatic analysis, run by Illumina using the Casava pipeline, detected single nucleotide variants (SNVs), small (<50 bp) Insertion and Deletions events (INDELs) and large scale structural variants (SVs). Additionally, bioinformatic analysis of SVs was performed using a custom Perl script. To determine the specificity of