collated, categorised, given a consequence score and recorded in this file. This allowed for a baseline to compare against future referrals.

**Results** The number of adverse events reported from the launch of BSW on 27 October 2008 until 30 January 2011 was 54. This compared to 100 adverse events reported during the time period 1 February 2011 to 27 November 2011. Referrals have increased five-fold since the intervention took place. Standardising the categories and consequences allowed for monitoring and comparison on the types of events reported to BSW per LAC. This helped to focus appropriate intervention including further education for reporting where it was needed. The type and severity of adverse events reported post intervention increased for the more minor and more serious adverse events. The less serious categories 1 and 2 saw almost a sevenfold increase in the rate of reporting while the more serious categories 3, 4 and 5 experienced an increase of 1.5. There was concern that serious incidents went under-reported prior to the intervention. However, this evidence is re-assuring in that the rate of reporting is far higher for the more minor events post intervention than for the more serious events. The information for the more serious events was cross-checked retrospectively with the SSFS around Wales who confirmed these findings.

**Conclusion** The primary aim of the study was achieved and the annual rate of adverse events reporting to BSW has increased five-fold. Ongoing education is required to ensure adverse event reporting does not get forgotten and certainly until the process has become embedded in practice. The process and framework has enabled BSW to collate information providing a consistent approach for regular review and monitoring of adverse events by the BSW programme.

**Competing interests** None declared.

---

**EVALUATING PARTICIPANTS’ EXPERIENCES OF THE BOWEL SCREENING WALES SERVICE**

doi:10.1136/gutjnl-2012-302514ab.11

C Lewis. * Bowel Screening Wales, Public Health Wales, Llantrisant, UK

**Introduction** The aim of the study is to evaluate participants’ opinions on their experience of the Bowel Screening Wales (BSW) service and thus provide a snapshot view of the programme.

**Methods** The primary research incorporated a thorough examination of peer-reviewed articles focusing on factors that may influence user satisfaction of the service. The data on region of residence and experience was inconclusive. It emerged from the data on sex and gender that there was little variation in the experiences of males and females. It is recognised that participants may respond to questionnaires in a favourable manner. However, the qualitative data provided by this study has confirmed the positive findings of the quantitative information.

**Conclusion** The outcomes of the study achieved the aims and objectives. Recommendations for service improvements were made to BSW based on the findings of this study. The study will allow for future snapshot to compare user experience and trend over time. This is a new national service and there were many comments expressing gratitude for the opportunity to participate and relief at obtaining a negative result. As the programme becomes embedded and users become more familiar with bowel screening there would be an opportunity to compare these findings against experiences in several years time.

**Competing interests** None declared.

---

**PMO-017 IMPROVING THE PATIENT JOURNEY IN HEPATOLOGY: THE EFFICACY OF PRE-APPOINTMENT INVESTIGATIONS**

doi:10.1136/gutjnl-2012-302514ab.12

1C Lever,* 2J House, 3S Ramaharack, 3N Sheron, 3M Wright. 1Department of Medicine, Southampton University Hospital Trust, Southampton, UK; 2Department of Medicine, Southampton University Hospital Trust, Southampton, UK; 3Department of Hepatology, Southampton University Hospital Trust, Southampton, UK

**Introduction** Most patients attending hepatology clinic for the first time require a basic liver screen before a definitive diagnosis or plan of action can be made. We sought to establish if doing these tests prior to the visit could speed up the patient journey.

**Methods** New referrals appraised by a consultant hepatologist and considered for routine outpatient appointments were entered into the pre-appointment investigation study. 58 patients during July and August 2010 were sent blood forms and booked for ultrasound to be completed before coming to the first consultation. Of the 58 patients 55 were eligible for analysis.

**Results** 17 (30%) patients had all blood results available at clinic, 30 (54%) patients had imaging results available and 10 (18%) had both.

**Conclusion** This involves a commitment to arrange blood tests and imaging in advance, the costs are no different as these are routine investigations. With blood results available at the first consultation there was a significant increase in discharges. Simply changing the order of investigations results in a reduction in follow-up allocations, with an associated increase in the speed of patient progression across all clinics. Moving 89% of the patients seen in hepatology clinic on to the correct pathway at the first consultation, saves time and money.

**Competing interests** None declared.
PMO-012 Improving the patient journey in hepatology: the efficacy of pre-appointment investigations
C Lever, J House, S Ramaharack, N Sheron and M Wright

Gut 2012 61: A77
doi: 10.1136/gutjnl-2012-302514b.12

Updated information and services can be found at:
http://gut.bmj.com/content/61/Suppl_2/A77.2

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/