improving individual SSP and team working. It aims to be of benefit to the organisation and the individual SSP.
Disclosure of Interest None Declared.

Service development

PTH-125 A NEW LOWER GASTROINTESTINAL 2-WEEK WAIT 'DIRECT TO TEST' PATHWAY RESULTS IN EARLIER DIAGNOSIS OF CANCER

doi:10.1136/gutjnl-2013-304907.612

[1,*]A Humphries, [1]J Clarke, [2]G Bhatnagar, [2]I Jenkins, [2]D Burling, [2,3]S Thomas-Gibson. *[1]Imperial College Healthcare NHS Trust; [2]St Mark's Hospital; [3]Imperial College, London, UK*

Introduction As part of the National Awareness and Early Diagnosis Initiative (NAEDI)[1], a symptom awareness campaign for bowel cancer was piloted in the UK in 2010 and 2011. The results suggested that referrals from primary care would increase by up to 30% when extended nationally from 30th January 2012. As a result, a new two-week wait (2WW) pathway for suspected colorectal cancer was developed at North West London Hospitals NHS Trust that aimed to decrease the projected burden on colonoscopy and triage the majority of patients direct to an appropriate diagnostic test - 'direct-to-test' (DTT), in order to reduce the time and number of appointments before cancer is diagnosed. Previously, patients were triaged to either an out-patient appointment or flexible sigmoidoscopy (FS); the new DTT pathway triaged patients to either FS, colonoscopy, CT colonography (CTC) or an out-patient appointment based on age and symptomatology.
Methods Outcome data for all patients referred via the old pathway for the months of May 2011 and January 2012, and those seen via the new DTT pathway for March 2012 and May 2012 were audited to assess clinical effectiveness.
Results There was a 33% increase in patients referred with suspected lower GI cancer following the NAEDI campaign, and this was sustained to May 2012. On the previous pathway the majority (60%) of patients were seen first in out-patients before a diagnostic test was requested, whereas over 85% of patients proceeded DTT with the new pathway. There was no significant difference in the proportion of colonic and extra-colonic cancers diagnosed between the two pathways, however more patients were diagnosed with colorectal polyps using the new pathway. Patients with cancer referred via the DTT pathway had a significantly reduced median time to diagnosis compared to those on the old pathway (10 days vs 15 days respectively, $p < 0.05$), and patients seen via the new DTT pathway had significantly fewer hospital appointments compared to those seen on the old pathway (1.9 vs 2.8 respectively, $p < 0.0001$).
Conclusion Symptom awareness campaigns increase demand for colorectal diagnostic services. We have demonstrated that a new DTT 2WW pathway for suspected colorectal cancer reduces the time to diagnosis of colonic neoplasia, whilst increasing outpatient capacity by involving fewer hospital attendances. Use of CT colonography for older patients decreases the burden on diagnostic colonoscopy, creating more targeted therapeutic endoscopy capacity.
Disclosure of Interest None Declared.

REFERENCE

1. Cancer Reform Strategy; Department of Health, December 2007.

PTH-126 A FUNCTIONAL MODEL OF OF A 'SEVEN DAY ACUTE GASTROENTEROLOGY SERVICE': LOOKING BEYOND OUT-OF-HOURS ENDOSCOPY

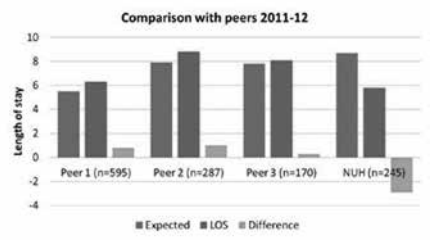
doi:10.1136/gutjnl-2013-304907.613

[1,*]A Jawhari, [1]L Meran, [2]A McCarthy, [3]N Lewis, [4]G Aithal. *[1]Gastroenterology, NIHR Biomedical Research Unit in Gastrointestinal and Liver Diseases at the Nottingham University Hospitals and University of Nottingham; [2]Gastroenterology, Nottingham University Hospitals; [3]NIHR Biomedical Research Unit in Gastrointestinal and Liver Diseases at the Nottingham University Hospitals and University of Nottingham, Nottingham, UK; [4]Hepatology, NIHR Biomedical Research Unit in Gastrointestinal and Liver Diseases at the Nottingham University Hospitals and University of Nottingham, Nottingham, UK*

Introduction Early involvement and management by specialists has been shown to have a favourable impact on outcomes in a number of acute medical conditions. Increased patient mortality at weekends has also been attributed to limited access to specialist services. While an increasing number of hospitals provide an out-of-hours service for upper gastrointestinal bleeding, examples of a comprehensive acute Gastroenterology services are infrequent.
Methods In January 2007, we established an acute gastroenterology service to provide consultant-lead assessment and management for all patients identified through acute servieces with symptoms related to gastrointestinal and hepato-pancreatico-biliary conditions. The consultant of the week lead and delivered the service supported by a registrar and a dedicated inpatient endoscopy team, free from any commitment to elective services. Inpatient care was supported by daily consultant led ward rounds. We achieved the 'critical mass' to deliver this service by consolidating all inpatient work on on site.
Results Mean LOS of all patients discharged with a gastroenterology HRG, from the specialist gastroenterology ward was 7.6 days, and from non-specialist medical beds was 9.6 days. Overall the specialist gastroenterology ward provided care for 1.8 times more patients compared with other Medical wards of the same size at NUH. Actual mean LOS (for the period of 2011–2012) was significantly shorter than the 'expected' LOS, and than mean peer LOS for 4 main diagnostic categories (table) with no significant increase in readmission rates. Discharge rates were maintained at the same level during the weekend (mean 4 discharges per weekday and on Saturday, with a peak of 6 discharges on Fridays and a dip to a mean of 3 discharges on Sunday.

Abstract PTH-126 Table 1

Diagnosis	NUH actual LOS (days)	NUH expected LOS (days)	Peer mean LOS (days)	% difference
GI Bleed	4.2	5.8	5.8	-27%
Acute colitis	6.3	7.2	7.6	-15%
ALD	6.6	11.7	11.5	-43%
Other liver disease	5.8	8.7	6.9	-15%



Abstract PTH-126 Figure 1

Conclusion Specialist led care can be provided to all patients with acute gastrointestinal and hepato-pancreatico-biliary conditions. A functional 7-day 'acute gastroenterology' can be sustained to provide high quality and intensity of care with favourable outcomes.
Disclosure of Interest None Declared.

PTH-127 APPROPRIATENESS OF USE OF MRCP (MAGNETIC RESONANCE CHOLANGIO-PANCREATICGRAPHY) IN PATIENTS WITH SUSPECTED CBD STONES – A DISTRICT GENERAL HOSPITAL EXPERIENCE

doi:10.1136/gutjnl-2013-304907.614

[1,1,*]A Uppal, [2]S Latif, [2]G Sheiybani, [3]S Shetty. *[1]Gastroenterology; [2]NHS, Birmingham; [3]Gastroenterology, Dudley Group of Hospitals, Dudley, UK*