

thoroughly as infection with Hepatitis C Virus (HCV). The aim of this audit was to assess the number of service users chronically infected with HBV and their relevant co-infections, co-morbidities and access to treatment.

Methods The Tower Hamlets Specialist Addiction Unit serves the London Borough of Tower Hamlets with a population of more than 200,000. Its Blood Borne Virus Team (BBVT) provides harm reduction healthcare in more than 10 drug and alcohol addiction facilities including outreach sites and neighbouring boroughs. Data on service users chronically infected with HBV was extracted from the service database.

Results Of 2577 people currently registered with the BBVT 49 (1.9%) have chronic HBV infection with detectable HBs-Antigen. 88% are male, the average age is 40 years and the majority is of non-British origin with large groups of Baltic (18%) and Black/African/Caribbean (20%) ethnicity. 16 patients (33%) are currently injecting drug users (IDU), 13 (27%) formerly IDU. Other reasons for referral are non-injecting drug and alcohol use. 14/49 patients (29%) have psychiatric comorbidities other than drug/alcohol abuse. 22 patients (45%) knew about their infection when they entered the service.

12 patients (24%) have HBe-Antigen-positive and 37 (76%) HBe-Antigen-negative disease. 12/49 patients (24%) have detectable HCV-RNA and can be regarded as co-infected. 3/49 patients (6%) have detectable Hepatitis D Virus (HDV)-RNA. Two patients (4%) are infected with HBV, HCV and HDV. Two patients (4%) have active syphilis co-infection and HIV-co-infection, respectively.

10/49 patients (20%) have been diagnosed with cirrhosis. One patient has undergone resection for HBV-associated hepatocellular carcinoma and has been followed up for 9 years without recurrence. Two patients were infected after documented vaccination against HBV. 7/49 patients (14%) are currently undergoing treatment with a regimen that is effective against HBV. Three patients have cleared HBV, one through treatment and two spontaneously.

Conclusion Even in a difficult setting where care can be interrupted by incarceration or psychiatric deterioration, successful health care for patients with chronic HBV infection is possible by using outreach facilities and appointment reminders. The community attending drug addiction services has overlapping risk factors and in East London, only a minority of patients chronically infected with HBV are currently injecting drug users. Vaccination against HBV has no 100% protection rate and service users should repeatedly undergo testing for blood borne viruses.

Disclosure of Interest None Declared.

PTH-150 BENEFITS OF A LIVER TRANSPLANT OUTREACH CLINIC: INCREASED REFERRALS AND PATIENT SATISFACTION

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Introduction The current landscape of service provision for patients with liver disease does not match that of disease burden¹. Most hepatologists are based in transplant centres and access to tertiary liver services is not geographically equitable¹. In an attempt to improve access, we established a liver transplant outreach clinic from the regional liver unit within a large gastroenterology unit. Here, we describe the benefits of this clinic.

Methods A dedicated monthly joint liver clinic was established in a large gastroenterology unit. Patients with complex liver disease, including pre- and post-transplant are seen by a consultant transplant hepatologist from the regional liver unit (SM) and a local

consultant gastroenterologist (AD). Quantitative data was available from the transplant centre. A sample of patients and specialists were asked to complete a written questionnaire on their opinions of the clinic service.

Results Since August 2010, over 400 patients have been seen. In the 4 years prior to the establishment of the clinic, there were a median of 3 (1–4) referrals annually for liver transplant assessment. This increased to 9.5 (9–10) in the subsequent 2 years. Patients were satisfied with the clinical service (Table 1) and the majority (95%) preferred local follow up, citing it as more convenient (100%) with easier travel arrangements (100%). Specialists (n = 16) agreed unanimously that the clinic was more convenient for patients, easy to refer into and improved both accessibility to liver services and communication with the regional liver unit. Most (83%) felt that it reduced waiting times for specialist opinion.

Abstract PTH-150 Table 1 Patient questions and mean score 1 (low) – 5 (high)

Patient Question	Mean Score
Overall quality of care and services	4.5
Access to specialty care, if needed	4.4
Skill, experience and training of doctors	4.6
Respect shown to you by doctors	4.8
Confidence in the doctor you saw	4.7

Conclusion Establishing an outreach clinic has increased referrals for transplant assessment. Patients prefer to be seen locally and do not feel this affects their specialist care. They have confidence in the skill and experience of the clinicians they see and rate the quality of care, highly. Referring clinicians are also satisfied with the quality and accessibility of the outreach clinic. Overall, outreach clinics may serve to improve equity of access to transplant services.

Disclosure of Interest None Declared.

REFERENCE

1. Liver Disease Patient Landscape and Care Provision, 2011, <http://www.liver.nhs.uk/publications/> accessed 14th Jan 2013

PTH-151 THE IMPLICATIONS FOR NEW TO FOLLOW-UP RATIOS BASED ON DIAGNOSES ENCOUNTERED IN GASTROENTEROLOGY OUTPATIENT SERVICES

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Introduction 'Better Care, Better Values' highlighted the importance of outpatient new to follow up ratios (NFRs) (1). Trusts are encouraged to reduce NFRs or may perform unpaid activity. This has implications for patient care, yet can conflict with Speciality guidelines for follow up. There are no published data on the diagnostic case-mix attending secondary care Gastroenterology appointments nor are any diagnostic data available from Hospital Episode Statistics (HES) for outpatient-based specialities.

Methods We performed a retrospective audit of all Gastroenterology follow-up patients attending Wirral University Teaching Hospital (catchment population 360,000) during a 3-month period. All clinic letters were identified from the hospital IT system and the following information obtained.

- Number of new and follow up attendances per Consultant-led clinic
- Primary diagnosis for each follow-up encounter
- Appointment outcome- further follow up or discharge
- Discharge rate per diagnosis
- Number seen in dedicated Specialist Nurse clinics