ranked 2nd (17.3%). Remaining categories fall within medical specialties (e.g. general neurology, cardiology, respiratory) with only 3.9% of admissions attributable to surgical conditions or trauma. Shortest mean LOS were Poisoning/Psychiatry admissions (1.97 days). Greatest single contributor to total bed days was Hepatology at 240,576 per year and (excluding cancer) this had highest inpatient mortality (18.2%).

Conclusion 3% of emergency admissions to English hospitals were for ARCs and the majority (95.7%) of admissions fall within the remit of physicians rather than surgeons. Half the recorded diagnoses for admitted patients are within the sub-specialties of hepatology or gastroenterology and these contribute the highest share of both bed days and mortality. This system of classifying hospital data provides a basis for re-design of services, manpower planning and potential metrics for performance.

Disclosure of Interest None Declared.

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PTH-176 AUDIT TO EVALUATE THE GASTROENTEROLOGY REGISTRAR OF THE WEEK SERVICE IN UNIVERSITY HOSPITALS OF LEICESTER

doi:10.1136/gutjnl-2013-304907.663

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Introduction The 'Registrar of the Week' service initially started in response to a Primary Care Trust initiative for Gastroenterology advice to GP's. This started as project 'Batphone'. The Gastroenterology department saw an ideal opportunity to start a Gastroenterology phone advice service which would be manned by an allocated Gastroenterology Registrar of the week, running Monday to Friday, 9–5pm excluding bank holidays. This started in August 2011. We give advice and see patients within the Leicester Royal Infirmary (LRI) as well as give advice to GP's and across site at the Leicster General Hospital (LGH) and Glenfield General Hospital (GGH).

Methods We collected data using a designed proforma to document all calls including origin, date time and also a summary sheet for the day. 262 days documentation was reviewed as these were complete. These were analysed.

Results The number of calls in 262 days was 2652. The range was 1- 36 calls per day, but on average 10 per day. 512 patients were identified for a Gastroenterology ward. There were 607 patients physically reviewed. 1870 calls came from the LRI, 165 from LGH, 195 from GGH and 276 GP calls. This works out roughly 1 call per day from each of the latter.

Conclusion We have seen a great increase in the usage of our service. We think that the audit data may well be an under reflection of the work done as people forget to fill the sheets in. The intensity is unpredictable. The number of GP calls is far lower than the number of hospital calls. It was felt overall the service was being avidly utilised by mainly medical and surgical teams and that it was also good experience for our Gastroenterology specialist Registrars.

There were misuses of the telephone for example patients and relatives being put though. We are hoping to reduce this by education and circulation of further guidelines. The things we intend to change are the actual telephone as the reception is poor. Referrals that need to be seen the same day should be referred before 12pm. Guidelines for referral will be circulated. There will be more formalised consultant back-up in the future. We believe our service has been a success especially in the sense that we are able to know about and manage patients earlier although we think the efficiency of the service could be improved. We intend on re-auditing this service in the future so that we can continually improve it.

Disclosure of Interest None Declared.

PTH-177 A NEW PANCREATOBILIARY TELEPHONE CLINIC SERVICE – IMPROVED SERVICE DELIVERY, EFFICIENCY AND PATIENT EXPERIENCE

doi:10.1136/gutjnl-2013-304907.664

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Introduction Following the establishment of specialist cancer centres (and other centralised services), increasing numbers of patients are referred for tertiary care. This may have implications for travel, particularly as patients now have to pay travel costs. As a tertiary referral centre for pancreaticobiliary (PB) medicine we are referred patients from across the UK for a specialist opinion on complex benign and malignant PB problems. The established system of an initial face-to-face clinic visit often then requires return visits for investigations or endoscopic intervention, with significant inconvenience and travel costs for the patient. In response to this, we developed a novel, consultant-led telephone clinic (TC) service. The aims of this service were to improve efficiency and patient satisfaction.

Methods A TC service was commenced with prospective data entry into a database over a 12-week period. Data was obtained on the following: patient demographics; postcode; clinical indication; round distances patients would have otherwise travelled if visiting UCLH. The time and cost incurred for visiting UCLH was calculated using the cheapest return train fare to London Euston (nearest train station). Patients were contacted some time after their consultation by an uninvolved member of non-clinical staff to obtain feedback based on a 9-point questionnaire.

Results 77 patients were listed for consultation in 10 separate TC's. 17 (22%) were excluded (9 did not answer their original TC; 8 did not answer for feedback). Of the 60 patients analysed (35 female, median age 52.5 years), 12 (20%) were new referrals and 48 (80%) follow-ups. The average round distance if otherwise travelling to UCLH was 96 (3–606) miles. The average time and cost for a return trip to UCLH was 155 (8–593) minutes and £27.60 (£7.30–105). Clinical indications were suspected Sphincter of Oddi dysfunction 18 (30%); acute or chronic pancreatitis 12 (20%); cholangiopathy 6 (10%); choledocholithiasis 5 (8%); non-PB gastrointestinal disease 9 (15%). 14 (23%) had formal out patient clinic review following their TC consultation. In 22 (37%) a repeat TC appointment was sufficient and 7 (12%) were discharged. The remaining 17 (28%) were referred for further endoscopic or radiological imaging at UCLH with TC follow up afterwards. All 60 patients either 'strongly agreed' (52, 86%) or 'agreed' (8, 13%) that the TC service was efficient. 29 (48%) expressed concerns regarding travel costs if visiting UCLH. Only 4 (6.7%) would have preferred to have seen a doctor in person for their initial consultation.

Conclusion We have demonstrated that a TC service is a useful adjunct in helping to deliver an efficient and convenient tertiary PB service, with excellent patient satisfaction.

Disclosure of Interest None Declared.

PTH-178 WHO CALLS THE LIVER REGISTRAR AT KING'S?

doi:10.1136/gutjnl-2013-304907.665

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Introduction Delivering excellent healthcare in today's NHS involves multiple agencies and depends on accurate communication between professionals in different locations. King's College Hospital is a leading Hepatology centre that receives tertiary and quaternary referrals from across the UK and Europe. Frequently, the first point of contact with the Unit is via a telephone call to a Specialist Registrar, for whom no case notes are available in which to record information. Until recently,

Gut: first published as 10.1136/gutjnl-2013-304907.663 on 4 June 2013. Downloaded from http://gut.bmj.com/ on April 20, 2024 by guest. Protected by copyright.