

wherever safely possible. We however, recommend caution as model for sub-tariff CBE endoscopy from static sites needs to be first piloted.

**Disclosure of Interest** None Declared.

**OC-041 REDUCED HOSPITAL ADMISSION AND RAPID ACCESS TO SPECIALIST SERVICES THROUGH THE INTRODUCTION OF A GASTROENTEROLOGY AND HEPATOLOGY AMBULATORY CARE SERVICE**

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**Introduction** Ambulatory care sensitive conditions are those where intervention may limit hospital admissions. Improvements in the management of these conditions may save the NHS £96–£238 million per annum and alleviate pressures on Accident and Emergency. This is directly applicable in Gastroenterology but few gastrointestinal (GI) conditions are conventionally listed as suitable for this approach. This study examined the effect of such a service providing rapid access to specialist services in a UK Gastroenterology Unit.

**Methods** A Gastroenterology ambulatory care service was established as part of an investigation unit with on-ward endoscopy facilities. General practitioners (GPs) were given written guidelines and referred to a senior nurse via telephone. Patients considered suitable were those requiring urgent assessment but where admission might be avoided. Exclusion criteria: hypotension, suspected acute abdomen, or GP concern about potential for deterioration.

**Results** 224 patients were referred by their GP from June 2011 to January 2013. 12 did not attend.

Presentation and outcome are described in Table 1. 179 patients (84%) were seen on arrival by a consultant. 96 patients (45%) were admitted; 116 were discharged on the same day – of whom 94 (91%) were offered either same day (n = 67 (58%)) or outpatient (n = 27 (23%)) investigations. 30 day readmission rate was only 4% (n = 5).

51 patients had low risk GI bleeds (Rockall score 0–1). 30 (59%) of these were discharged the same day and 90% (n = 27) had an OGD within 24 h of assessment, either same day or returning the following morning.

**Conclusion** The Ambulatory Care Service provides direct, rapid access to specialist opinion and investigation for a range of GI

presentations, avoiding hospital admission for the majority referred. In contrast to other UK studies those with low risk GI bleeding were managed as out-patients but with gastroscopy undertaken. This is a model for a tiered approach to emergency care in Gastroenterology.

**Disclosure of Interest** None Declared.

**OC-042 SENSITIVITY OF ANNUAL FAECAL IMMUNOCHEMICAL TESTS FOR HAEMOGLOBIN (FIT) FOR DETECTING ADVANCED NEOPLASIA IN PATIENTS UNDERGOING THREE-YEARLY SURVEILLANCE COLONOSCOPY – THE FIT FOR FOLLOW-UP STUDY**

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**Introduction** With increasing demand for colonoscopy in the NHS Bowel Cancer Screening Programme (BCSP) in England, there is a need for effective non-colonoscopy approaches to surveillance. We have undertaken a study to compare the sensitivity and specificity of a faecal immunochemical test for haemoglobin (FIT) annually for three years with colonoscopy surveillance, in patients diagnosed with intermediate-risk adenomas following a positive faecal occult blood test in the BCSP.

**Methods** Participants are invited to complete a FIT (OC-SENSOR, Eiken Chemical Co. Ltd.) annually while awaiting their first surveillance colonoscopy. Those testing positive (>40 µg Hb/g faeces) are invited to have their three-year colonoscopy brought forward, while those testing negative are sent another FIT a year later until they have completed three rounds of testing. We aim to determine the sensitivity of FIT in detecting colorectal cancer or advanced adenomas (≥10 mm, or with tubulovillous or villous histology, or with high-grade dysplasia), using colonoscopy as the reference standard.

**Results** We invited 8009 people to participate in the study, of whom 5840 (72.9%) consented. The positivity rate in Round 1 was 5.8% (336/5840). To date, 265/303 (87.5%) have had an early colonoscopy: 62/265 (23.4%) had advanced adenomas and five (1.9%) had cancer. 33/336 (9.8%) declined an early colonoscopy.

To date, in Round 2 we have invited 2800 patients who tested FIT negative in Round 1: 2560 (91.4%) completed a second FIT and 115/2560 (4.5%) tested positive. 85/106 (80.2%) have received an early colonoscopy: 13/85 (15.3%) had

**Abstract OC-041 Table 1** Summary of admissions and discharges

Diagnosis	Number	Admitted	Discharged	Discharged: same day	Discharged: OP	Discharged: 30 day readmit
				investigation	investigation	
				(% of discharged)	(% of discharged)	
GI Bleed	51	21 (41%)	30 (59%)	25 (83%)	2 (7%)	0
PR bleed	16	8 (50%)	8 (50%)	4 (50%)	3 (37.5%)	0
Anaemia	18	9 (50%)	9 (50%)	3 (33%)	4 (44%)	0
Abdo pain	36	16 (44%)	20 (56%)	9 (45%)	8 (40%)	2 (10%)
IBD flare	30	14 (47%)	16 (53%)	8 (50%)	2 (12%)	0
Deranged LFTs/ jaundice	20	9 (45%)	11 (55%)	6 (55%)	3 (27%)	1 (9%)
Diarrhoea/vomiting	15	5 (33%)	10 (67%)	5 (50%)	3 (30%)	1 (10%)
Other	26	14 (54%)	12 (46%)	7 (58%)	2 (17%)	1 (8%)
Total	212	96 (45%)	116 (55%)	67 (58%)	27 (23%)	5 (4%)