PTH-132 IRON DEFICIENCY ANAEMIA NURSE LED CLINIC: AUDIT OF 1ST YEAR

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Introduction Iron deficiency anaemia accounts for 4–13% of gastrointestinal referrals occurring in 2–5% of adult men and post menopausal women. Current guidelines suggest that the work up of asymptomatic anaemia remains incomplete and often inappropriate with important diagnoses of malignancy and malabsorption being missed. In an effort to improve our handling of these patients from primary care and reconfigure services, a nurse led clinic was established in 2009 with the aim to provide rapid access to appropriate investigations and management.

Methods All clinic patients between 01/06/2009–05/07/2010 were included in the study. Patients were triaged into the clinic via the GP referral letter. End points examined were: patient demographics, anaemia, microcytosis and iron deficiency, whether oral iron preparations were being used, investigations (OGD/colonoscopy), wait times for investigations and pathology identified. Data were collected using patient notes, pathology results database, clinic letters and endoscopy reports. Anaemia was classified as an Hb of < 11.5g/dL.

Results 110 patients were included (no exclusions); 81 female and 29 male (73.6%, 43.2%). Age range 21–90yrs, mean 57yrs, median 58yrs. 62% were made up of men (29) and post-menopausal women (47); 33% (13) menstruating females with GI symptoms and 46% (21) menstruating females without GI symptoms. 62% were in receipt of oral iron supplementation at referral. 66% of referrals included the blood results revealing 92% anaemic; 54% microcytic; 50% iron deficient. This compared to 68% of patients anaemic bled in the clinic of whom 20% were not anaemic but on iron supplementation leaving 12% neither anaemic nor on iron supplements. Of those not on iron (42–13men, 29 women) 21% had renal disease (GRF < 60), 12 (29%) were iron deficient, 10 (24%) were iron deficient and anaemic. A total of 61 patients underwent endoscopic investigation (47 post menopausal and male group; 6 menstruating females with GI symptoms and 8 menstruating females without GI symptoms). We identified 4 malignancies; 3 polyps, 3 colitics, 9 upper GI pathologies (GAVE, varices, ulcers, small bowel Crohns), 2 with *Helicobacter pylori* infection and 5 with celiac disease. 12 had gynaecological causes, 2 renal causes. 46 resolved on oral iron and 8 needed parenteral iron infusions. Mean time from clinic to investigation was 9.5 weeks (SD 14.8) and median 4.86 weeks.

Conclusion Of the cohort a total of 55% (61) underwent endoscopy with an overt GI pathology yield (deemed causative for the anaemia) in 26 (42%). The nurse led clinic has facilitated a decreased waiting time to appropriate test so improving patient outcomes in terms patient satisfaction, time to diagnosis and management strategy implementation, decreased clinic and investigation waiting times, reduced pressure on physicians lists and most importantly morbidity and mortality.

Disclosure of Interest None Declared.

PTH-133 PATIENT SATISFACTION WITH A NURSE-DELIVERED ALCOHOL LIAISON SERVICE IN A GENERAL HOSPITAL SETTING

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Introduction NICE Guidance has mandated the need to provide an Alcohol Liaison Service (ALS) within all Acute Trusts (1). Within our organisation, we have a mature ALS which provides advice and

support to prospectively identified patients admitted to the Acute Medical Service. This audit was undertaken to seek the views of service users, and to ensure that we were fulfilling their needs and expectations, thus allowing feedback on future service development.

Aim To assess the patient acceptance of a Nurse-Led Alcohol Liaison Service

Methods All patients admitted to Medical Admissions Unit (MAU), had an alcohol assessment using the validated AUDIT (2) nursing questionnaire. Those scoring ≥ 5 were flagged to the Alcohol Liaison Service. Similarly, a high percentage of patients seen in A&E were screened by the nurses, given extended brief advice, then offered referral to Specialist Alcohol Worker (SAW)

All patients seen by SAW, and by Alcohol Clinical Nurse Specialist (ACNS) over a 6 week period were given a questionnaire and sealed envelopes, to be returned anonymously.

Results 95 questionnaires were distributed by the ACNS, and 79 were returned (return rate 83%). 10 questionnaires had technical printing errors, so were excluded from final analysis, so the ITT return rate was 73%. 32 questionnaires were distributed by the SAW, with a 100% return rate.

The first 3 questions dealt with quality of the service, and were numerically scored from 1–4, with 1 being poor, and 4 being excellent. When asked 'How would you rate the quality of the service you have received?' 97% answered 3 or 4 (good or excellent). When asked if the service had met their needs, 88% of clients stated that it had. The remainder of the questionnaire dealt with acceptance of the service, and whether the service would be recommended to peers. When asked whether clients would recommend a friend to the service, 90% responded positively.

The scores for the SAW were even better, with positive responses (outcome 3 or 4 on questionnaire) 100% of the time.

Conclusion This work illustrated the acceptance and value of the ALS to service users admitted acutely. Furthermore, free text responses received were overwhelmingly supportive and positive towards the service.

Disclosure of Interest None Declared.

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PTH-134 TRANSNASAL ENDOSCOPY IN THE NORTHERN REGION- SURVEY TO ASSESS AVAILABILITY AND OPINION OF TNE

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Introduction Transnasal endoscopy (TNE) is performed with an ultrathin endoscope via the nasal passages. It has been available for over a decade and is widely used in Japan but use is variable in Europe and there is very little data on extent of use in the UK. It is recognised to have superior patient tolerability and satisfaction and there is emerging evidence that it causes significantly less cardiovascular upset. Anecdotally we perceive this method to be rarely used in our region and we performed a survey to assess extent of its use.

Methods This survey was to assess the availability of and opinion of TNE in the Northern region. The survey was circulated via email to the lead endoscopist in each of the 10 hospital trusts in the northern region. Opinion was sought on quality of views and biopsy samples and also perceived advantages and disadvantages of TNE.