Abstract PTH-069 Figure 1

system. Physical colorectal clinic appointments were saved in four-fifths of new patients and in two-thirds of those with a normal colonoscopy, which could be allocated to newly diagnosed cancers, or those requiring treatment for benign conditions. The straight to endoscopy service resulted in an average reduction of 11 days in making a treatment plan for new colorectal cancers. This contributed towards a low rate of breaches of the 62 day treatment target. However one-third of new cancer patients still waited over a month for a decision to treat, highlighting the extra time required for ancillary investigations and MDT discussion. These can be addressed by triggering staging investigations and MDT discussion at the time of endoscopy.

Disclosure of Interest None Declared.

PTH-070 NURSE LED ONE STOP UPPER GI CLINICS ARE SAFE AND ALLOW RAPID ASSESSMENT OF PATIENTS WITH SUSPECTED GASTRO-OESOPHAGEAL MALIGNANCY

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Introduction Meeting 2 week referral targets presents a challenge to many hospitals. Commonly patients are seen in clinic prior to investigation with resultant additional delays in time to investigation. Nurse led one stop clinics where patients undergo clinical assessment and endoscopic and/or radiological assessment on the same day have the potential to shorten time to investigation, allow rapid complete clinical assessment and meet the demand for 2 week wait (2WW) referrals.

Methods

Aims

To assess the efficacy and safety of a nurse led one stop suspected upper GI cancer clinic in meeting 2 week targets. To determine outcomes for patients referred on a 2WW pathway.

Methods All patients referred to Whiston Hospital on a two week upper GI pathway within the 6 month period from November 2012 to April 2013 were assessed. Additionally all upper GI cancers diagnosed in the same period were separately analysed. Patients were identified using hospital IT systems and data collated on demographics, referring symptoms, investigations and patient outcomes. Analysis was performed using StatsDirect v2.6.8.

Results Complete data was available for 202 patients (61%). 40% of patients did not meet criteria for 2 week referral. One

stop clinics enabled complete assessment and investigation of patients within 2 weeks (mean 11.6 ± 0.63 days). Time to first investigation was significantly quicker than patients seen in clinic (11.6 vs 18 days, $p < 0.005$, ANOVA) and was no different than open access endoscopy (11 days, $p = 0.96$). Cancers were identified in 15 (7.4%), of which only 8 (57%) were upper GI. No significant differences in patient outcome (time to investigation/pathology identified) were seen between nurse led and physician led clinics. In the same time period 53 upper GI cancers were diagnosed meaning only 15% were referred on a two week pathway. The presence of dysphagia was the commonest presenting symptom in upper GI malignancy (87%) but had a poor positive predictive value (15%).

Conclusion Nurse led one stop upper GI cancer clinics are safe, allow complete assessment and investigation of patients within 2 week wait (2WW) targets and improve time to test compared to standard clinics. Appropriateness of 2WW referrals remains low and many cancers are diagnosed outside this pathway. Further use of dedicated nurse led clinics may improve the ability for hospitals to meet service demands.

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PTH-071 AUDIT OF SUBSEQUENT OUTCOME IN PATIENTS ADMITTED TO HOSPITAL WITH ALCOHOL USE DISORDER (AUD)

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Introduction There are limited published data on subsequent outcome of patients admitted acutely to hospital with alcohol use disorders (AUDs), in regard to drinking relapse, hospital readmission and death.

Methods We conducted a prospective audit of 142 patients (105 men), aged (median (range) 46 (23–78) years) admitted with AUDs to a medical admission unit during Oct–Nov 2012 and Jan–March 2013. Information on hospital readmission, AandE attendance and death (from hospital electronic records), and on subsequent alcohol drinking (from records and from telephoning patients) was gathered up to 21/05/13. Data were analysed by life-table and Cox regression analysis.

Results Of the 142 patients, 80 (56%) lived alone and 121 (85%) were unemployed. 36 patients (25%) had liver disease (Child-Pugh Grade B/C). Of 92 patients with CT or MRI brain scan within 5 years, 49 (53%) had brain atrophy. 73 patients (51%) had another mental health problem (anxiety or depression in 68, schizophrenia in 5). Over the previous year, 71 (50%) had >1 previous AUD-related admission, and 24 (17%) had >3 such admissions. Out of 110 patients, 79% of patients said they intended to stop drinking. Length of stay during index admission was 6 (0–61 days). 51 patients experienced complications, 29 self-discharged early and 18 were verbally ± physically abusive. 5 patients died during admission, 4 from liver disease.

17 discharged patients were lost to follow up; of the remaining 120, 96 relapsed into drinking, 18 (0–168 days) after discharge. 100-day relapse rate was 78%. When asked the reason for relapse ($n = 87$), 53 patients cited “no particular reason”, 22 depression, 5 a traumatic experience and 4 a celebratory event. Relapse was independently associated with self-discharge after index admission ($p < 0.001$).