

expertise with some diagnostics and treatments delivered locally. Policies for Gallium⁶⁸-PET imaging and peptide receptor radionuclide therapy (PRRT) were developed. Eight NHS health boards/trusts, 17 acute hospitals were involved. North Wales patients were served by the Liverpool NET service due to geography.

In a short space of time, the NET MDT has been transformed, with accurately coded real-time records and timely communication to referring clinicians across the region. The addition of expertise from a gastroenterologist trained in a centre of excellence improved quality of life (QoL). With the focus on QoL, an app to monitor wellbeing remotely has been developed. Two appointed specialist nurses are undergoing tailored training and are accessible to patients regardless of geography. Patients have access to a specialist clinic based in Cardiff with a smaller hub in Swansea. Using a nationwide digital health record (Welsh Clinical Portal), communication with referring teams has improved including use of imaging and pathology close to the patients home saving on travel for patients. Feedback from patients and clinicians, has been vigorously positive including positive patient stories.

Conclusions In this complex cancer/chronic disease, care has been transformed across organisational boundaries on a national basis through listening to individuals and groups and an emphasis on quality of life. Ongoing development continues to ensure sustainability and excellence.

PTU-110 ENDOSCOPY INSOURCING IS A SAFE WAY TO DELIVER ADDITIONAL CAPACITY

^{1,2}Iqbal Khan*, ²Lorraine Mahachi, ²Kaye Drew. ¹Northampton General Hospital, Northampton, UK ²Medinet Clinical Services Ltd, Birmingham, UK

10.1136/gutjnl-2018-BSGAbstracts.488

Introduction There is an unprecedented burden on UK endoscopy units and the current demand for endoscopic procedures is disproportionate to the capacity to deliver endoscopy activity. Units are addressing this in various ways including insourcing of staff to carry out endoscopy work. This is especially useful at weekends when the Unit would often be inactive. Medinet is a well-established provider of endoscopy insourcing across the UK. Their endoscopists hold substantive posts within the NHS and nurses are highly experienced specialised endoscopy nurses.

Methods Medinet's database was interrogated for the total numbers of endoscopic procedures carried out over a 12 month period (1 st Jan – 31 Dec 2017). This endoscopy work was carried out in NHS hospitals all over the UK. Medinet has a robust governance process (which includes regular governance meetings) where all complaints and adverse incidents are discussed and dealt with in a timely fashion. Such incidents were reviewed over this 12 month period.

Results Over the 12 months 25 347 endoscopic procedures were carried out: 12 137 colonoscopies, 10 564 gastroscopies and 2646 flexible sigmoidoscopies. Over this period only 17 complaints were received (0.07%). Most of these related to patient perception and general operational issues. At governance meetings it was agreed that no or minimal harm was done. Over the same period there were a total of 28 adverse incidents (0.11%). These included one perforation, procedure related bleeds, a missed early malignant lesion, incorrect labelling of specimens, drug documentation errors and problems with the reporting

system. There were no deaths related to the procedures but there was one reversal of sedation, which was deemed a never event.

Conclusion Insourcing of endoscopy services has grown dramatically over the last few years and gives UK endoscopy units a viable alternative to ensure they keep up with the tremendous pressures to maintain capacity and timeliness in a time of growing demand, limited resources and increasing quality standards. This data confirms that with the correct personnel and governance in place, insourcing is extremely safe with low level of complaints and adverse incidents.

PTU-111 SETTING UP AN INTEGRATED SERVICE FOR PSC-IBD PATIENTS: A QUALITY IMPROVEMENT PROJECT

Ioannis Koumoutsos*, Sreelakshmi Kotha*, Ben Warner, Philip Berry. *Guys and St Thomas' Hospital, London, UK*

10.1136/gutjnl-2018-BSGAbstracts.489

Introduction Primary sclerosing cholangitis(PSC) is a chronic inflammatory condition closely associated with inflammatory bowel disease (IBD), and characterised by progressive fibrosis of biliary tract leading to cirrhosis and its complications. There is an appreciable annual risk of cholangiocarcinoma(CCA), gall-bladder carcinoma, colorectal cancer(CRC) and hepatocellular cancer. Annual surveillance with magnetic resonance cholangiopancreatography(MRCP), colonoscopy, ultrasound(US) (6 monthly if cirrhotic) is advised.

We aimed to assess the quality of liver and bowel surveillance, and detection of complications, before and after the introduction of an integrated hepatology and IBD service.

Methods Retrospective data on management of PSC/IBD patients at St Thomas' hospital, a tertiary IBD and hepatology centre, prior the introduction of an integrated service (August 2016) and prospective data following its introduction.

Results Retrospective data identified 29 patients with IBD-PSC. Annual MRCP was performed in 55.1% (16/29), colonoscopy in 55.1% (16/29, 48% having chromoendoscopy) and US in 7%. 51% (15/29) were not under joint IBD and hepatology service. This indicated significant variability in care and poor adherence to guidelines.

Interventions:

1. Reiteration to physicians at every IBD clinic to actively identify PSC-IBD patients.
2. Prospective database maintained.
3. PSC-IBD patients were discussed in hepatology and IBD multidisciplinary meetings(MDM) regularly and surveillance arranged.
4. A joint PSC/IBD clinic was established for this cohort.

Following these interventions, 47 PSC-IBD patients (64% male, mean age 47 years) (33 UC, 11 Crohn's, 3 IBD-U) were identified. To date, 38 have been seen in joint PSC/IBD clinic, 45 have been reviewed in MDM and annual surveillance has improved to 91% with MRCP($p<0.01$), 86% with colonoscopy($p<0.01$), 74% with chromoendoscopy($p=0.03$), 91% with MRI liver (instead of US). 49% (22/45) had a change in management following MDM discussion.

Improvement in management and surveillance led to diagnosis and appropriate treatment of 1 CCA, 2 PSC with autoimmune overlap, 3 small duct PSC, 4 patients with dysplastic polyps as well as 2 new cases of CRC and 1 case of