Results 929 patients were recruited to the study (425 (46%) male, median age of 58 years, range 17–92 years). Of these, 306 (33%) underwent an OGD, 304 (33%) had a colonoscopy, 100 (11%) had a flexible sigmoidoscopy, 86 (9%) had an endoscopic ultrasound, 100 (11%) had an ERCP and 33 (4%) had a double balloon enteroscopy. 319 (34%) of the patients recruited had NRS scores > 5 for distress, with multivariate analysis identifying pre-procedure anxiety (p < 0.0001) as the only variable predictive of patient distress. Both endoscopist and nurse assessments of patient’s distress moderately correlated with the patient’s actual reported distress (Table 1), with significant correlation identified between each other.

Abstract PTH-119 Table 1 Table 1: Correlations between distress scores

<table>
<thead>
<tr>
<th></th>
<th>Correlation coefficient</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endoscopist - patient correlation</td>
<td>0.424</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Nurse - patient correlation</td>
<td>0.405</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Endoscopist - nurse correlation</td>
<td>0.651</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

Conclusion This study demonstrates that estimates of patient’s distress during endoscopy are comparable between nurses and endoscopists. Whilst this finding is reassuring, procedural pain remains an important outcome measure better identified by nursing staff. We advocate that increased importance should be given to nursing assessments during endoscopic examinations.

Disclosure of Interest None Declared.

PTH-120 NURSING CHALLENGES OF IMPLEMENTING THE THREE SESSION DAY

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1 N J Taggart, J dahil, H neil, M sherry, S sarkar. ‘gastroenterology, royal liverpool and broadgreen university hospital trust, liverpool, UK

Introduction Introduction: Three session working day in endoscopy was implemented at the Royal Liverpool hospital (RLH) in October 2009: in order to increase capacity as there was no room for estate expansion. The main drivers for this were increased projected activity from Bowel Cancer Screening and the increased waiting times.

Methods Aim To discuss the nursing challenges when implementing a three session day.

Results Initial steps: The three session day provides 18 extra lists per week. The business case provided a comprehensive breakdown of what would be achieved by the three session day, why it was necessary, what this would mean for the patients and what it would mean financially for the trust.

Workforce Challenges As nursing establishment increased, 10 WTE nursing staff/HCA, including one band seven Deputy Manager/Trainer. It is important that new staff are flexible. Workforce redesign, skill mix reviews, and altered contracts required careful negotiation and planning. Changing nursing rotas was a challenge as the new template did not marry well with traditional Monday – Friday 9–5pm nursing rotas. A creative and flexible approach to shift patterns had to be altered; job plans and contracts had to be addressed. Increased workload required a longer term investment of: 3X WTE Consultant Endoscopists (6 lists each), 1 X WTE Nurse Endoscopist (for training and 6 lists), 10X WTE Nurses/HCA, 1X WTE Admin Manager, 2X WTE Admin staff, 1XWTE Medical Secretary, 1xWTE Nurse Educator, 1 WTE: Unit Manager.

List scheduling 3 rooms are simultaneously run in the evening; these are segmented into 1 upper, 1 colonoscopy and 1 in-patient list. The day case lists are shorter at 3 hours; so either 6 colons, 10 OGDs, 4 EUS or 6 in-patients are schedule per list. No complex endoscopy is listed. Patients listed have been younger with less morbidity thus reflecting the working population. Particular advantage for colonoscopy as all bowel prep can be taken on the day of procedure.

Results Activity has increased to 16,000 procedures per annum with > 85% being day-case. This is due to a workforce flexibility and continual stream of communication through the admin manager to achieve list utilisation > 95%. With full booking, DNA in evening is < 5%. In our patient survey, 85% reported that they do not mind, are willing or very willing to come in the evening list. Waiting times: all urgent are within 2 weeks, routine within 6 weeks and surveillance within 6 weeks.

Conclusion 3 session day can improve capacity and reduce waiting times but needs workforce planning and significant capital