Conclusion A negative faecal calprotectin led directly to the avoidance of a colonoscopy in 12 patients and of small bowel investigation in 11 patients. Given the trust’s current tariffs for faecal calprotectin, colonoscopy and small bowel meal and follow through, a total cost saving of £7,194.59 was made. Avoiding further investigation by waiting for a negative faecal calprotectin would have resulted in a greater cost saving.

Disclosure of Interest None Declared.

REFERENCES

PATIENTS’ VIEWS ON THEIR EXPERIENCE OF THE DELIVERY OF SINGLE-SEX ACCOMMODATION WITHIN THE ENDOSCOPE DEPARTMENT: IS IT WORTH IT?
doi:10.1136/gutjnl-2013-304907.624

Introduction The 2007 Chief Nursing Officer’s report on privacy and dignity identified provision of single-sex accommodation (SSA) as a key objective for the NHS. This was formalised in the 2010 Department of Health (DOH) policy to eliminate mixed-sex accommodation and financial sanctions for policy breaches were introduced in 2011. Our endoscopy department adopted the policy in 2011. However the unit, which opened in 2004, has only one recovery bay, necessitating separate gender lists. Urgent procedures for patients of the opposite sex to the list running are accommodated by admission/recovery in a separate endoscopy room. We explored the views of patients on their experience of attending our unit since implementation of the SSA policy. There are no published studies of patients’ perspectives of care in endoscopy units since the widespread adoption of the policy in 2011.

Methods Patients attending the endoscopy unit between August and October 2012 were invited to take part in the study by nursing staff during the admission process. Patient views were assessed using a structured non-disguised questionnaire of ten closed-ended questions. The Student’s t-test was used and a p value of 0.05 was considered significant.

Results Of the 68 questionnaires returned (female 20, male 25, unknown 23) 14 (20.6% [80% female]) and 17 (25% [81.8% female]) reported that they would feel vulnerable changing behind a curtain and of these, 7/17 (41.2%) felt their accommodation and dignity identified provision of single-sex accommodation (SSA) was more important. The rapid introduction of SSA in our hospital, in conclusion

Conclusion SSA delivery is important to our patients, especially women. However they rank prompt investigation and treatment as more important. The rapid introduction of SSA in our hospital, in the absence of the necessary infrastructure, conflicts in part, with the pressure to deliver timely investigations. This can lead to compromised care, notably in patients who are admitted/recovered in an alternative room and can also lead to delays for specialised endoscopy (polypectomy, ERCP and EUS). By making such compromises we are at risk of achieving no net gain in patient satisfaction and experience.

Disclosure of Interest None Declared.

A UNIQUE COMBINED GASTROENTEROLOGY/ RHEUMATOLOGY CLINIC: THE FIRST YEAR
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Introduction Articular problems affect many patients with inflammatory bowel disease (IBD) and joint symptoms are often difficult to control despite the therapeutic strategies aimed at controlling gut inflammation (1). Patients with inflammatory rheumatic conditions present a range of clinical problems to the gastroenterologist such as IBD, dysmotility, dysbiosis, liver dysfunction, nutritional problems and drug side effects. Patients often drift between the two specialties with inefficient communication and subsequent delay in a joined up approach to management. We therefore developed a joint gastroenterology/rheumatology clinic to improve the care of these complex patients and now report our experience of the first year.

Disclosure of Interest None Declared.