**Methods** The clinic is run by a consultant gastroenterologist (GC) and consultant rheumatologist (TL) and attended by both GI and rheumatology trainees, nurse practitioners and medical students. Patients are referred from the respective specialties by consultant or SpR grade physicians. Each patient is given a 30 minute time slot which allows time for assessment, discussion, treatment planning and any therapeutic intervention such as joint aspiration/injection. Most patients are referred back to the individual specialty clinics but where necessary follow up is continued in the combined clinic. All patients attending the clinic are invited to complete a satisfaction questionnaire and give written feedback.

**Results** We present our experience of the first year of this innovative clinic detailing the wide range of clinical problems encountered together with anonymous patient feedback. We also present trainee, nurse and consultant perspectives on the value of the combined clinic.

**Conclusion** Although there are many well established combined specialty clinics we believe this is the first report of a combined gastroenterology/rheumatology clinic. The patient feedback has been very positive with all patients finding the clinic of benefit. There are many other advantages including efficiency of patient management, reducing multiple attendances to specialty clinics, learning from each other and teaching of trainees and students.

**Disclosure of Interest** None Declared.

---

**Reference**


---

**Abstract PTH-140 Table 1**

<table>
<thead>
<tr>
<th>GBS</th>
<th>No. of Patients</th>
<th>UGI Pathology</th>
<th>Endoscopic Therapy Blood Transfusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5 (12%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1–5</td>
<td>22 (52%)</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>6–13</td>
<td>15 (38%)</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

Of patients scoring 1 to 5, 11% had UGI pathology, 9% (2 patients both GBS of 5) required transfusion only. In patients scoring 6 to 13, 47% of them had UGI pathology, 33% and 87% required endoscopic therapy and blood transfusions respectively.

**Conclusion** UGI bleeds were most commonly found in males over the age of 65. Locally, the GBS is an underused risk stratification tool in determining the need for admission. Our preliminary data suggests patients with GBS of 0 can be discharged with outpatient endoscopy, and patients with a GBS more than 6 represent a high risk population requiring emergent endoscopy. We propose that patients with a GBS of 1 or 2 can also be managed as an outpatient as our data suggest that patients in this group do not require admission. Local data suggests this can reduce patient admission rates by up to 17%.

**Disclosure of Interest** None Declared.

**References**

2. Dworzynski K et al. BMJ 2012; p.3412