follow-up appointments generated or discharge rates from clinic. During the study period, nurse led care resulted in increased resource use compared with consultant led care – but could be partly explained by the greater proportion of patient seen in the ‘suspected cancer’ pathway. No adverse outcomes or missed diagnoses were observed over an 18 month follow up period. Our study would support the role of specialist nursing managing unselected patients in gastroenterology clinics.

Disclosure of Interest None Declared.