

incomplete resection rates at colonoscopy was noted for such polyps at local units. We hence established a National Clinical Network of specialist expert advisors, meeting every fortnight via videoconference to review endoscopy, radiology, pathology and clinical data of cases referred through specific criteria for complex lesions. We also established a National referral centre (NRC) at Llandough with the requisite skills and expertise in complex Endoscopic Mucosal Resection and Dissection (EMR, ESD) where appropriate polyps that met the referral criteria after a Network Multidisciplinary Team meeting discussion (NMDT) could undergo advanced therapy. An NMDT and NRC pilot was established in Oct 2011 to offer the opportunity to access expert opinion and discussion of therapeutic options for Welsh participants of the BCSP. We present our preliminary results.

Methods Referral criteria for complex polyps were agreed based on a composite of site, size, morphology and accessibility. Polyps satisfying the criteria were referred to the NMDT electronically along with relevant images and video. Depending on outcomes of NMDT discussion participants were given the option of accessing local surgery or travelling to the NRC for therapeutic endoscopy. Over a 2 year period, 140 referrals were made from 14 different Welsh BCS centres to the NMDT.

Results The various management decisions taken in 126 benign complex polyps and the 14 cancers detected is illustrated in fig 1. Polyps that had incomplete resection (22) often had piecemeal EMR or repeated attempts at EMR at LAC causing failure of lifting in polyps. It is noteworthy that in the first 1 year of NMDT and NRC establishment; 16 such cases were referred in contrast to 6 in the subsequent year with most cases in the 1st year needing surgery. This is an encouraging trend as awareness through discussion in the NMDT has streamlined management and decreased the incidence of incomplete resections allowing definitive management in the first instance and reduction in inappropriate referral to surgery for benign disease.

Conclusion Establishing a clinical network for standardised decision making for complex polyps appears to have a significant effect on clinical outcomes.

Disclosure of Interest None Declared.

PTH-066 AN AUDIT TO ASSESS FEASIBILITY AND EFFICACY OF GROUP EDUCATION FOR IRRITABLE BOWEL SYNDROME (IBS) PATIENTS IN THE DELIVERY OF LOW FODMAP (FERMENTABLE OLIGOSACCHARIDES, DISACCHARIDES, MONOSACCHARIDES AND POLYOLS) DIETARY ADVICE

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Introduction A low FODMAP diet has demonstrated symptom improvement in patients with IBS when conducted during individual consultations.¹ Structured dietetic group education is a well recognised medium for encouraging self-management and promoting confidence in patients with chronic illness.² There is a lack of research in the use of low FODMAP dietary intervention in a group setting. This audit was conducted to assess the efficacy and feasibility of providing low FODMAP dietary advice in a group environment.

Methods Data was collected using the 'IBS satisfaction survey'³ which was given to 17 patients with IBS on completion of the 8 week low FODMAP diet. The following question was used to monitor effectiveness of the low FODMAP diet: 'Do you currently have satisfactory relief from your gut

symptoms'? This is a closed question, completed anonymously, with a choice response of 'yes' or 'no'. Feasibility of a group format was measured via attendee's feedback and non-attendance (DNA) rate. Feedback was collected using an evaluation questionnaire (6 point Likert scale – very satisfied, satisfied, acceptable, dissatisfied, very dissatisfied, unsure) after the group session.

Results 21 patients attended the initial session. 4 patients (19%) failed to attend the follow up session. 82% (14 /17) of patients who completed the education programme reported satisfactory relief of gut symptoms. 100% of patients were 'satisfied' or 'very satisfied' with the presentation and group discussion. 94% were 'satisfied' or 'very satisfied' with the organisation of the group session.

Conclusion Group education for low FODMAP diet therapy is a feasible and effective method for promoting symptom improvement for IBS patients. Group education has the potential to be at least as effective as one-to-one low FODMAP IBS education. Further randomised control studies with large sample sizes are recommended.

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PTH-067 SETTING UP A HEPATOLOGY ECONSULT SERVICE – BENEFICIAL FOR PATIENTS AND PRIMARY CARE, BUT PERHAPS A HARDSHIP FOR SECONDARY CARE?

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Introduction Due to the heavy burden of liver disease, new policies are required to improve information flow between primary care (PC) and secondary care (SC). Outpatient visits are costly to PC, time consuming for patients and not always appropriate. Developing interventions to increase care available in PC is desirable and likely cost effective. We developed a hepatology eConsult (eC) service, allowing PC clinicians to send a referral and share a patient's medical record electronically with SC using a PC database.

Methods Service set up: Discussions between PC and SC identified a need for the service, and thorough review of the current Hepatology service was undertaken, focussing on current and projected working practices, service demands as well as clinicians job plans. Once eC was agreed in principle, a price of £23 per eC and a timescale of 7 days for eC to be completed was agreed with the CCG. A risk assessment of the service was performed and a comprehensive set of guidelines devised for use in PC, ensuring that only appropriate and timely referrals are made. Prior to launching the service, IT systems were updated, and appropriate training delivered to clinicians. To ensure smooth running of eC, user guides and support documents were created and distributed.