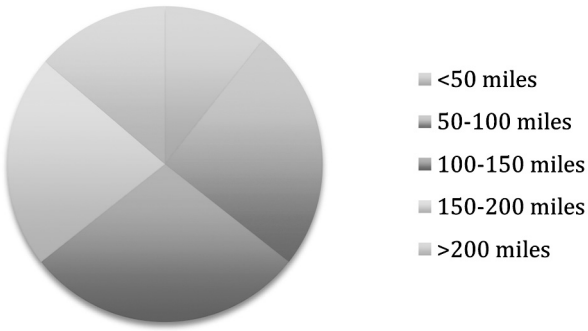
Introduction Use of hospital beds as pre/post procedure accommodation places a strain upon resources and risks 'on the day' cancellation. Nevertheless 'day case then home' may be a poor option for patients undergoing complex endoscopy who live many miles away. Our centre offers Near Hospital Accommodation (NHA) in a bespoke 35-roomed hotel 100 metres from the hospital at a cost of £120/night (versus £380 per inpatient bed). We aimed to assess the safety and utility of NHA for patients within our pancreatobiliary (PB) service.

Methods We undertook a retrospective audit of all PB patients who stayed in the NHA from Jan '15 – Dec '17. Data collected from the endoscopy database and electronic records included: procedure type, distance travelled, type of hotel room, length of stay and unplanned post-procedural hospital admissions from the NHA.

Results Over a 3 year period 152 patients stayed in NHA for 169 nights, ninety-three (61%) female with median age of 62 years (range 24–81). All patients underwent therapeutic ERCP, EUS, or cholangioscopy. The decision to use NHA was based upon case complexity and travel logistics. Most patients (89%) stayed one night and 11% stayed two nights (pre and post-procedure). Median one-way distance travelled was 107 miles (range 3–299 miles) (figure 1). The total cost of NHA was £23,660, saving £40 560 over the equivalent inpatient beds.



Abstract PTU-097 Figure 1 Distances travelled to UCLH for treatment

There were five unplanned admissions (3.3%), summarised in table 1.

Abstract PTU-097 Table 1 Unplanned readmissions from NHA

Patient and Procedure	Reason for readmission	Outcome
42 year female ERCP +sphincterotomy	Abdominal pain	Normal investigations, discharged<48 hours
40 year female ERCP +sphincterotomy	Rectal bleeding	Normal investigations, discharged<4 hours
39 year female ERCP +cholangioscopy	Abdominal pain	Mild acute pancreatitis, discharged<72 hours
36 year female ERCP, sphincterotomy and fcSEMS	Abdominal pain	Normal investigations, discharged<48 hours
59 year female ERCP +sphincterotomy	Rectal bleeding	Blood transfusion, discharged<72 hours

Conclusion NHA is a safe, cost-effective alternative to hospital admission for selected patients undergoing complex endoscopy. The unplanned readmission rate was low, with no serious complications. The immediate cost saving was considerable, in addition to efficiency savings from the extra bed capacity generated and reduced late cancellations. Benefits to patients include visitor-friendly, hotel-standard accommodation, reduced travelling time on the day of the procedure and saving of private hotels fees. Further studies are needed to assess if this translates into increased patient satisfaction. With increasing centralisation of specialist services and ongoing financial pressures throughout the NHS, the NHA model of care offers advantages to hospitals and patients.

PTU-098 OPTIMISING ACCESS TO BEST-PRACTICE CARE IN PRIMARY BILIARY CHOLANGITIS ACROSS THE UK

[1]Simon Gwynn*, [2]Ashley Barnabas, [3]Iain Brew, [4]Lynsey Corless, [5]Valerie Ross, [1]Tim Warren, [6]BC Smith, [7]Sarah Fairclough. *[1]Triducive Ltd, Chichester, UK [2]London North West Healthcare NHS Trust, London, UK [3]Leeds Teaching Hospitals NHS Trust, Leeds, UK [4]Hull Royal Infirmary, Hull, UK [5]Bart's Health NHS Trust, London, UK [6]Imperial College NHS Trust, London, UK [7]Basildon and Thurrock University Hospital, Nethermayne, UK*

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Introduction Systematic review of the implementation of Integrated Care Pathways (ICPs) has shown that they can effectively support proactive care management, adherence to guidelines, improve equity of service access and reduce variance in practice. A multidisciplinary team applied this process to the case management of patients with Primary Biliary Cholangitis (PBC) in order to support the development of a defined standard of case management, based on current evidence and acknowledged best practice.

Methods Using a structured process of facilitation and project management, this multidisciplinary working group of specialists has developed an ICP for PBC in accordance with ICPAT standards and current best-practice thinking.

Results The ICP forms comprise a streamlined and easy to implement solution for structuring each consultation along the patient pathway. The forms support each activity undertaken around the patient as they progress along the pathway. The PBC ICP comprises:

1. A process map defining the consultation flow along the patient journey
2. A set of forms for use at each consultation, ensuring that appropriate assessments and interventions are performed according to the evidence base and best practice
3. A comprehensive support booklet, containing the full evidence base for PBC management and instructions supporting implementation of the ICP

This ICP is available in Word format so that it may be easily modified and implemented by clinical teams across the UK.

Conclusions Adoption of the ICP by PBC teams across the UK may facilitate robust implementation of best practice and improve equity of service provision. In addition, the ICP forms are designed to encourage clinical teams to support each part of the patient journey, including those where specialist resource is not required. This group proposes that the PBC ICP offers a useful solution to optimising case management within the challenging economic constraints faced by the NHS.