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HOW EFFICACIOUS IS A TRAINEE-LED GASTROENTEROLOGY RETRIEVAL SERVICE IN A DISTRICT GENERAL HOSPITAL?

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Introduction Early involvement and management by specialists has been shown to have a favourable impact on outcomes in a number of acute medical conditions. Delivery of high quality acute medical care by specialists has been highlighted as an aim by the Darzi review in 2008. We aimed to provide a high quality, trainee-led, daily reach-in gastroenterology service during weekdays for acute gastroenterology patients admitted to the medical assessment unit(MAU) at a busy district general hospital. The role of these reviews is to expedite specialist input to patients with the aim of improving clinical outcomes and time of discharge.

Methods We introduced a daily gastroenterology retrieval service for patients admitted to the Medical Assessment Unit (MAU) for 4 weeks in January 2018. The retrieval team reviewed acute gastroenterology patients admitted from the take and advised on investigations, management plan and if appropriate took over the care. A mathematical model was created of non-retrieved patients (n=27) to simulate outcomes without gastroenterology intervention for comparison.

Results 27 patients were referred in the 4 week period. Common reasons for referral included GI bleed (51.9%), diarrhoea (14.8%), liver related problems (22.2%) and upper GI symptoms i.e dysphagia, persistent vomiting, etc. (11.1%). Following retrieval, 19 patients were moved to the gastro ward (70.4%) and there was no bias towards any one diagnosis being repatriated ($p=0.309$). The median time for arrival to the GI ward was 2 days. The median length of time the retrieval group patients were deemed medically fit was 4 days. Liver patients stayed longer (median 6.5 days, range 3–10), whilst IBD patients stayed the shortest (median 2.5 days, range 1–5). Across the retrieved patients, an estimated median value of £400 was saved per patient and total of £16 700 was saved over a 1 month period based on bed stays and early discharges. A median of 1 day was saved per patient, with a total of 32 hospital days saved across the 27 patients retrieved. Compared to our modelled non-retrieved patients, the number of days saved by the retrieval service was statistically significant, (1.19 days $\pm$ 0.233 in the retrieved group compared to 0.05 days $\pm$ 0.048 in the modelled group), $p<0.001$. Similarly, there was no cost save associated with the non-retrieved group, $p<0.001$. The retrieval service was found to be of additional benefit to the patient outcome on 21 occasions but didn't add significantly to the MAU decision on 6 occasions. Compared to the model of non-retrieved patients, this improved outcome was statistically significant, $p<0.001$.

Conclusion We present a model of acute gastroenterology service delivery which is cost effective, facilitates early discharge and is associated with improved outcomes irrespective of the underlying diagnosis of these complex patients. This would thereby pave way for excellent learning and leadership opportunity for specialist trainees.

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IMPROVING CARE FOR PATIENTS WITH CHRONIC HEPATITIS B(HBV)

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Introduction The 2017 European Association of the Study of Liver (EASL) Guidelines on management of Chronic Hepatitis B provided an update on monitoring of HBV patients. In E-Antigen negative patients, there is now clear guidance on the frequency of testing of Hepatitis B DNA, ALT, and non-invasive markers of liver fibrosis i.e. Fibroscan. Introduction of Quantitative Hepatitis B Surface Antigen(qHBsAg), can significantly reduce frequency of testing and follow-up.

By introducing quantitative Hepatitis B surface antigen we aim to to reduce unnecessary laboratory tests, and clinic visits thereby improving the patient experience and reducing costs. In addition, by introducing a local guideline we aim to follow best clinical practice

Methods At the Whittington Hospital, we have 336 Chronic Hepatitis B patients in our service, of which 311 are E-antigen negative. 250 of these patients are under the age of 50. Two components of this audit/QIP. 1. A retrospective audit, of 10 patients, comparing current practice against the new EASL guidelines, to determine how many ALT and HBV DNA tests have been historically performed 2. Modelling of our cohort of patients over the next 6 years to predict future cost savings following introduction of 2017 EASL guideline recommendations. Costs of the relevant tests(HBV DNA, ALT, quantitative HbsAg and Fibroscan) were obtained from microbiology, biochemistry and finance department respectively.

Results Our audit revealed we were performing too many HBV DNA tests. We performed 35 HBV DNA tests, as opposed to 5–11 HBV DNA tests, as per latest EASL guidelines. An ALT costs £1. A Fibroscan costs £44. A HBV DNA costs £65 and a Quantitative Surface Antigen costs £14.

Abstract PTU-136 Table 1 Audit of our current practice in monitoring E-antigen negative Chronic Hepatitis B

Current Practice		
Test	Frequency of test	Cost(£)
HBV	35	2275
ALT	35	35
COST		2310
Using EASL Guidelines with qHBsAg> 1000		
	Frequency	Cost(£)
HBV	11	715
ALT	48	48
COST		763
qHBsAg< 1000		
	Frequency of Tests	Cost(£)
HBV DNA	5	325
ALT	24	24
COST		349

Using the EASL guidelines will significantly reduce the number of HBV DNA tests performed. This is beneficial for