The CotW, for 2 weeks (prospectively covered), is responsible for daily DDU WRs of all 20 patients under their care, review of IP referrals, inreach into urgent care wards, and support of GTA. There is minimal outpatient (OP) commitment (no endoscopy lists or OP clinics). Outcomes were analysed at 12 months to assess the impact on patient care.

Methods A retrospective observational study was conducted to benchmark and evaluate changes in consultant led care. Patients were identified through electronic records. Data was collected from electronic discharge letters and paper notes. Statistical analysis was performed using Microsoft Excel.

Results

	DCW	DDU	Delta	P value
Median Length of stay (hours)	141	104	"37, 26.2%	< 0.01
Discharges per week	22.8	21.1	"1.7, 7.5%	
Discharges per week per bed	0.79	1.06	"0.27, 34.2%	< 0.01
Consultant reviews per week	0.63	1.16	"0.53, 84.1%	< 0.01

GTA treating >90 patients & generating > £35K each month.

Gastroenterology IP services SAFER compliant.

Conclusion The reconfiguration of Gastroenterology IP services has been a great success. A reduction in bed base (which many at management level were reticent about) has facilitated a CotW model of care to be implemented. The IP service is now SAFER compliant. Length of stay has significantly reduced by 26.2%. Weekly discharges per bed, and Consultant reviews, has significantly increased by 34.2% & 84.1% respectively. In addition, GTA treats >90 patients per month, generating income, preventing admissions, facilitating earlier discharges, and freeing capacity in the main hospital ambulatory unit.

This reconfiguration shows that a CotW model of care is optimal, successful, and SAFER compliant, even if a bed base reduction is required to facilitate this.

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PTU-076 MYENDOSCOPY.CO.UK, AN ONLINE RESOURCE FOR PATIENTS UNDERGOING ENDOSCOPY

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Introduction Prior to an endoscopy procedure, consent has to be sought from the patient. For consent to be valid, it must be voluntary, informed, and the person consenting must have the capacity to make the decision. The BSG *Guideline for obtaining valid consent for gastrointestinal endoscopy procedures*, recommends; "written information should be provided in advance of the procedure with sufficient time for the patient to read, evaluate and seek further information if required".¹

The General Medical Council's consent guidance states: "Before accepting a patient's consent, you must consider whether they have been given the information they want or need, and how well they understand the details and implications of what is proposed."²

To meet these regulatory requirements, endoscopy units give information to patients via printed leaflets, to outline; what to expect, what is involved, what preparation is required, and the benefits & risks. This gives sufficient information for a patient to give informed consent.

Information provided via an online platform would also meet regulatory requirements and may be preferred by many patients. An internet search shows that there is an NHS web resource for endoscopy which provides basic information, with limited media (a few images, no videos).³ Images and videos of endoscopy procedures are abundant online but there is limited resources for patients that combines the detail of a pre-procedure information leaflet, with illustrative media.

Methods Using the current printed information resources for patients used at Kettering General Hospital (KGH), this information was transferred onto a webpage, and was illustrated with media taken from KGH's endoscopy unit.

Results In February 2019, a website was published: www.myEndoscopy.co.uk

This website has a generic web address, minimal KGH branding, and is designed to be used by *any* patient undergoing a Gastroscopy, Sigmoidoscopy, or Colonoscopy (not just for KGH patients). It is accessible on PCs, laptops, tablets, and smartphones. The website has been promoted as a resource via direct email to colleagues across the UK, and via Social Media.

Conclusion This web resource is a big step forward in providing information to patients prior to having an endoscopic procedure. It has been designed to use generically by any patient irrespective of which hospital they are having their procedure. It has built in features to allow users to rate the website with comments so that we can evolve the content to meet the patient's needs. Over time, we will add more media, and information on ERCP, and capsule endoscopy.

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PTU-077 FIT-HB PATHWAY FOR PRIMARY CARE IN HEREFORDSHIRE: THE FIRST 6 MONTHS

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Introduction NICE guidance recommended FIT-Hb for routine use in Primary Care to "guide referral of symptomatic patients with LGI symptoms in absence of LGI red flag symptoms (NICE NG12/DG30)

FIT-Hb offers a negative predictive value $\geq 99\%$ for the exclusion of Colorectal Cancer and High Risk Polyps

BCSP age-extension is anticipated to increase LGI endoscopy demand by 8–00%. FIT-Hb testing may reduce unnecessary investigations

A primary care FIT-Hb diagnostic pathway has recently been launched in Herefordshire. We present the first 6 month data