nurses so an appropriate and prompt plan of care can be implemented. Due to pressure on consultant Gastroenterology outpatient clinics, it is often difficult to see patients urgently who are acutely unwell. We recently evaluated referral pathways at the University Hospitals of Leicester (UHL) & identified a number of patients who were admitted that could potentially have been managed as outpatients. As a result, of this finding we implemented two IBD Nurse-Led 'Hot Clinic's' per week.

Methods The criteria for referral were an established or new diagnosis of IBD with significant exacerbation of symptoms potentially requiring admission. On referral, the IBD nursing team made an initial phone assessment to confirm severity. All patients with on-going symptoms were then offered an appointment within 5 working days.

Results Over a 12-month period, 67 patients were referred to the Hot Clinic. 37 (55%) self-referred via the IBD helpline, 11 (16%) were referred from endoscopy with active disease (6 from the 2 week-wait pathway) and 13 (19%) direct from General Practice (GPs). 55 (82%) had a face-to-face consultation. 3 (5%) patients required admission to hospital and were admitted directly to a Gastroenterology ward; 2 (3%) patients were treated with oral prednisolone but were admitted two weeks after the Hot Clinic review via Urgent care, and their admission was expedited to Gastroenterology within twenty-four hours. 2 (3%) patients recently discharged following an admission contacted the helpline due to recurring symptoms and assessed in the Hot Clinic, and alteration in treatment prevented a readmission. A further 2 (3%) patients admitted in the Medical Admissions Unit were assessed by the In-reach Gastroenterology team and were able to be discharged early with urgent review in a Hot Clinic appointment. Nine (13%) patients were assessed over the phone, treatment was arranged which prevented a face-to-face consultation, and a plan of care was sent to both the patient and their GP. One patient declined an OPD and two never replied to calls or letters to contact the team.

Conclusion The introduction of 'IBD Hot Clinics' have allowed symptomatic patients with established IBD or newly diagnosed patients requiring urgent treatment, to be rapidly assessed by a specialist IBD nurse who can initiate appropriate treatments. This has shown to prevent admissions and fewer than 10% required admission in our cohort. The cost effectiveness of this service now requires further evaluation, with plans to expand this service.

PTU-094 IS THE ROLE OF A GASTROENTEROLOGY ADVANCED NURSE PRACTITIONER VALUED?

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Introduction The Advanced Nurse Practitioner (ANP) is an established role within many hospitals and can be found in all aspects of health organisations. This new role has equipped nurses to take on more procedures as well as tasks traditionally associated with junior doctors, including the ability to diagnose and prescribe, whilst still retaining their foundation nursing roles. Previous research has focused on the ANP role

within the community setting or emergency departments. This innovative study aimed to examine perceptions from the nursing and medical teams of an ANP working on a gastroenterology ward.

Methods A qualitative study was conducted at the Royal United Hospital Bath using three separate focus groups, each comprising of five gastroenterology doctors (FY1 to registrar), five gastroenterology nurses (grades -) and six ANP's. Each focus group lasted between 4-10 minutes and consisted of a set format of questions to guide discussions and aid with moderation of the group (eg. perceptions of the value of the ANP role within the ward environment, advantages of an ANP and how the ANP assists with a doctor's role). Transcripts of the interviews were analysed and the data was reduced into themes.

Results Thematic analysis identified three positive themes related to the perception of an ANP working on a gastroenterology ward; (1) Assisting with work load, (2) Team work and (3) Leadership. It was highlighted that due to the ANP's understanding of the processes of patient flow, tasks were pre-empted and performed in advance, improving efficiency and reducing the work load of other team members. Within the analysis there was an overriding theme of consistency; quotes from doctors included, "the ANP is an absolute 'life line' at the start of a new rotation. Their consistency allowed things not to get missed and acted as a safety net for us all, patients alike". There were several sub-themes relevant to gastroenterology particularly; 'sharing of applied skills and knowledge'. This was relevant for ascitic paracentesis, NG tube insertion, implementation of the liver care bundle and application of gastroenterology algorithms for complex patients which included GI bleeding.

Conclusions The study demonstrated that an ANP is a great asset to a gastroenterology ward and a valued member of the team. They provide consistency within the department, to both the nursing and medical teams. This is deemed vital, due to the ongoing four monthly rotations of junior medical staff, which is perceived as disruptive to team work and affecting consistency of patient care. The results have also identified how the ANP role appears to be more than just a 'work gap' solving role, they are paramount in sharing skills and knowledge with junior doctors as well as contributing to and enhancing team work, which is essential in health care transformation.

PTU-095 UK QUALITATIVE FOCUS GROUP STUDY INVESTIGATING CURRENT PROVISION OF CARE FOR PEOPLE WITH MICROSCOPIC COLITIS

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Introduction Microscopic colitis (MC) is a common cause of chronic, non-bloody watery diarrhoea that impacts health-related quality of life. No UK guidelines currently exist for MC. This has potential negative sequelae to patients as misdiagnoses and use of inappropriate treatments have been reported. This study examines UK provision of care for MC