Introduction Numerous studies have questioned the value of taking biopsies in endoscopic macroscopically normal mucosa. Inappropriate biopsies increase financial and time strains on NHS endoscopy and pathology services. Taking a biopsy adds to the cost and time of the procedure for the patient. Inappropriate biopsies increase financial and time strains on the NHS and reduce waiting times. The implementation of such strategies has been proven effective at a local level, and if adopted nationally can significantly reduce financial burden on the NHS and reduce waiting times.

Methods We did a retrospective study of diagnostic gastroscopies and colonoscopies performed across 3 district-general hospitals (January-November 2018) in United Lincolnshire Hospitals NHS Trust. Endoscopic reports were examined for age, sex, indication, endoscopic diagnosis, biopsies taken (yes/no), and operator (gastroenterologist/surgeon/nurse endoscopists (NE)). We classified ‘biopsy not indicated’ when mucosa was described as ‘normal’ for indications of anaemia, rectal bleeding, weight-loss in colonoscopies, and dyspepsia, vomiting and abdominal pain in gastroscopies.

Results A total of 326 gastroscopies and 355 colonoscopies were included. 170 procedures fulfilled the ‘biopsy not indicated’ criterion, of which 59% had multiple biopsies (at least 5 specimens) taken. Biopsy rates among gastroenterologists, surgeons, and NEs in ‘biopsy not indicated’ were 53% (39/73), 60% (42/70) and 70% (19/27) respectively. Using Chi-square, there was no statistically significant difference between various groups: surgeons and NEs (p=0.34), surgeons and gastroenterologists (p=0.42), and gastroenterologists and NEs (p=0.12).

Conclusions Our study showed that a significant number of biopsies are performed without good indication. Further, no significant inter-operator variability was seen. Both British Society of Gastroenterology and National Institute for Health and Care Excellence have published guidance on when biopsy is indicated, but there are few high-level recommendations on when not to biopsy. Taking a biopsy cost of £103 a potential of £10330 could have been saved during our study period. Findings from our study mandate development of such guidance, followed by training of all endoscopists and UK-wide audit of local practice to ensure compliance with guidelines. The implementation of such strategies has been proven effective at a local level, and if adopted nationally can significantly optimise financial burden on the NHS and reduce waiting times.

Design and Implementation of the First One-Stop Multidisciplinary Clinic for Lynch Syndrome in the UK

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Introduction The clinical benefit of a multidisciplinary clinic (MDC) model has been well documented for a variety of medical conditions. We designed and implemented a novel MDC for Lynch syndrome (LS) patients, which aims to improve treatment outcomes, participation in research trials, and patient satisfaction.

Methods From January 2019, LS patients in our region were invited to attend a bimonthly MDC offering gene-specific evidence-based cancer risk management. Patients could choose to see the gastroenterology, colorectal, gynaecology, medical oncology, research, and clinical psychology teams. Clinical outcomes and patient satisfaction were evaluated over 12 months.

Results Thirty-eight LS patients were seen (8 MHLI, 18 MSH2, 8 MSH6, 4 PMS2); mean age was 46y (range: 20–67y) with 60y as median. MDC model has been well documented for a variety of medical conditions.
69); 15 patients had colorectal cancer (39.5%). Twenty-six (68.4%) patients were female; 6 (23.1%) had undergone prior risk-reducing gynaecological surgery, 7 (27%) underwent surgery at our institution (n = 4) or locally (n=3), and 13 (50%) were too young for surgery. Eight patients (30.8%) transferred their colonscopic surveillance to our care due to concerns about local provision. Nineteen patients (73.1%) accessed psychological support and 10 patients (38.5%) were recruited to research studies. Twenty-six patients (68.4%) completed a post-clinic satisfaction questionnaire; 96.2% (n=25) rated their experience as excellent or very good.

Conclusions We have designed and implemented an effective multidisciplinary model of care for LS, which addresses unmet needs in this patient group. Other institutions are encouraged to adopt a coordinated MDC service for LS. We will continue to evaluate the MDC’s impact on disease-specific outcomes in future reports.

![P356 STRAIGHT-TO-TEST REFERRALS OF IRON DEFICIENCY ANAEMIA: RESULTS FROM A TRAINEE-LED, PAN-YORKSHIRE MULTI-SITE AUDIT](image)

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10.1136/gutjnl-2020-bsgcampus.430

Introduction Iron deficiency anaemia (IDA) is a common reason for gastroenterology referral. We aimed to see whether straight-to-test (STT) endoscopy referrals enable more rapid diagnosis in patients with cancer or improve chances of treatment success.

Methods Retrospective audit across 10 sites in Yorkshire, by a newly formed trainee research network. We included patients referred on a suspected cancer pathway with IDA in November 2018. Data on referral criteria, initial review, investigations, time to diagnosis and outcome were collected. Anonymised data was pooled for comparative analysis.

Results 508 patients included: median age 72 years (range 24–97); 55% female. 93 (18%) patients underwent STT investigations, varying significantly across 8 sites (1.4–78.2% referrals). Patients were more often seen in surgical (42%) or gastroenterology (23%) clinic. Cancer was diagnosed in 41 (8%) patients: 5% colorectal, 1% upper gastrointestinal (GI) and 2% other cancers.

The STT group were younger and had a significantly reduced time to first investigation/cancer diagnosis, than those not referred STT (non-STT). However, patients were no more likely to receive curative treatment (table 1).

All patients in the STT group were investigated (82% both upper and lower GI investigations). In the non-STT group, 71 (17%) underwent plain CT only (7%) or no investigations (10%): as the patient declined 7%; patient unfit 4%; not indicated (clinical decision) 2%; did not attend 2% or investigations previously performed 1%. There was no difference in laboratory values between groups. STT patients were less likely to be discharged without clinic review (18% vs. 48%) following normal investigations.

Conclusions STT investigations removed the need for initial (but not follow-up) review in 1 of 5 patients with IDA and reduced time to diagnosis, but did not increase likelihood of treatment success. Patient choice was the main reason for incomplete investigation. We plan to re-audit after introduction of formal STT pathways in the region, to see if better patient selection can improve outcomes.

![P357 ANALYSIS OF REFERRALS TO A NEW IBD PSYCHOLOGY SERVICE: EXPERIENCE OF A UK TERTIARY IBD CENTRE](image)

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10.1136/gutjnl-2020-bsgcampus.431

Introduction Psychological support is increasingly being called for by patients with inflammatory bowel disease (IBD) and the services supporting them. The IBD standards (IBDUK, 2019) state that all newly diagnosed patients, patients with chronic pain and fatigue and perioperative patients should be offered psychological support.

There is evidence that chronic stress, poor mental health and trauma can cause relapse in IBD patients (Mawdsley & Rampton, 2005), contribute to poorer quality of life and reduce treatment adherence (Tabibian et al, 2015). Anxiety and depression are prevalent in IBD patients, particularly those in flare (Torres et al, 2019). Psychologists can provide support in managing these difficulties.

The aim of this study was to review the development of an IBD psychology service, its acceptability and number of referrals.

Method The service started in February 2019 and opened to referrals in March 2019. Inclusion/exclusion criteria were presented to the IBD and IBD surgical team. Data regarding the number, source and broad indication were collected for all referrals received during this period.

Each patient referred to the service had an assessment with a psychologist, on a first come first served basis, at which stage decisions around further treatment are made.

Results There was a high demand for the new psychology service with 290 referrals received in this 10 month period. This has resulted in a 5 month waiting list.

There were a wide range of indications for referral to the service (figure 1). The number of referrals received varied between referrers, with the greatest number coming from registrars or from multi-disciplinary meetings. There have been few inappropriate referrals.