69y); 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 colonoscopic 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

Selena Dixon*, Keeley Fairbrass, Conchubhair Winters, Vivek Goodoory, Lucy Turner, Thomas Archer, Priya Oka, Mais Khanawneh, Isabel Carberry, Arslan Saleem, Robert Kennedy, Asif Khan, Amy Hicks, Sarah Mansoor, Anna Roskilly, Mustafa Jalal, Alhassan Ghodeif, Callum Hunter, Deloar Hoshen, Heather Parr, Chun Sin, Katrina Pekarska, Mitali Agarwal, Mary Elias, Daniel Taylor, Tiwonge Nyirenda, Yun Chew, Sonia Moteea, Muhammad Khan, Carl Lane, Nikolaos Pantzaris, Petya Spasova, Carrie-Anne Lee, Fahad Shaikh, Silma Shahama, Chinemelu Adilije. *Yorkshire and Humber Gastroenterology Unit and research Trainee network (YHGT)*

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.

Abstract P356 Table 1 Comparison of STT and non-STT referrals

	STT n = 94	non-STT n = 414
Age (median, IQR)	68 (56–76)	73 (63–81)
Asymptomatic at referral	43%	50%
Performance status recorded in referral	5%	8%
Time to cancer diagnosis (days)	14 (8–16)	28 (20–42)
GI cancer found	3 upper GI 1 colorectal	3 upper GI 24 colorectal
Other cancer found	3	7
Curative treatment offered	4 (57%)	21 (62%)
Best supportive care	1 (14%)	8 (24%)

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

Alexa Duff*. *Guy's and St. Thomas' NHS Foundation Trust, London, UK*

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.

Abstract P357 Figure 1 Numbers of referrals and descriptions

161 patients have been offered assessment and patient uptake is high with only 23 (14%) declining assessment. 52 (32%) patients were offered group therapy and the rest received individual therapy or declined ongoing support. Patients have been keen to access the service and feedback from those who have accessed it has been positive.

Conclusions There is high demand for an IBD psychology service with high patient uptake. This has led to pressure on the service and development of a long waiting list.

Within the IBD team there is improved understanding of what psychology can offer but the wide variation in referrals between individuals would suggest that further education as to the role of psychological input is required. This is supported by the observation that the greatest numbers of referrals come from sources where psychologist has most interaction.

As referrals increase the service will have to adapt to manage them as a 5 month waiting list is inappropriate for certain referrals.

Provision of this service has allowed the team to move closer to meeting IBD standards (IBDUK, 2019).

P358 INTRODUCTION OF THE NEW POLYPECTOMY GUIDELINES – WHAT'S THE COST?

Jonathan Fawkes*, Charleston Mendoza, Melanie Corpus, Roser Vega, Edward Seward. Uclh, London, UK

10.1136/gutjnl-2020-bsgcampus.432

Introduction New guidelines have been issued for dictating surveillance post-polypectomy and post colorectal cancer, which estimate a reduction of the surveillance workload to 20% of current levels. These represent a challenge to patients, clinicians and organisationally to deliver a review of the surveillance workload. We recorded the time, cost and success of this process.

Methods The first 1000 cases on the UCLH surveillance pathway were reviewed. The new guidelines were applied to each case and a new recommendation for surveillance made by a team of three band 7 and 8 nurse endoscopists, with oversight by the endoscopy clinical lead. The first 20 cases were interpreted together to assist learning and have been omitted from this analysis. A letter was sent to every patient explaining the decision, if a patient complained the case was investigated by the clinical lead, a decision made and fed back to both the

patient and nurse endoscopist. Costs were assigned as per internal accounting agreements.

Results 512 patients were discharged from the pathway (51%). 106 (21%) of these were >75 years, 231 were discharged from 5 year surveillance. 58 patients (6%) were young enough to require 5 year surveillance as they were >10 years below screening age. 110 patients had surveillance upheld based solely on family history (11%) in the absence of a Lynch diagnosis. 45 patients were assessed on average per 4 hour session at a cost of £120/session, total cost of assessing surveillance list £2667. There were a total of 16 objections from patients (3%), of which 1 was upheld (multiple hyperplastic polyps). Diagnostic colonoscopy tariff is set at £433, representing a net saving of £219K and 102 surveillance lists over the next 5 years.

Conclusions The new guidelines represent an enormous opportunity for hard pressed endoscopy units to free up surveillance time and both save money as well as improving the timeliness. Assessment of the surveillance list can be efficaciously performed by nurse endoscopists, appeals of surveillance decisions are relatively low. 11% of patients had surveillance arranged purely on family history not always apparent from the electronic patient record – it may be that better documentation can reduce this figure in the future. Our discharge rate was lower than suggested, better documentation of reasons for ongoing surveillance may improve this figure in the future.

P359 TOWARDS A GREENER ENDOSCOPY: ESTIMATING THE AMOUNT OF SINGLE USE PLASTIC BOTTLES IN ENDOSCOPY

Kohilan Gananandan*, Karishma Sethi, Andrew Dawes, Simon Phillpotts, Eleanor Wood, Iain Ewing, Laura Marelli, Jun Liong Chin. Homerton University Hospital Trust, London, UK

10.1136/gutjnl-2020-bsgcampus.433

Introduction A significant amount of plastic is being used in endoscopy. We believed that plastic polypropylene water bottles for the transport of sterile water generates significant amount of plastic/cost and strategies need to be employed to reduce its use. In this study, we aimed to assess the amount of plastic generated by 1L single-use polypropylene water bottles in a year for a number of endoscopic procedures.

Methods Data was obtained from the Endoscopy Database (Unisoft) regarding the number/type of procedures performed throughout 2019. We prospectively assessed the volume of sterile water used for a dedicated endoscopy list: oesophago-gastroscopy (OGD), sigmoidoscopy and colonoscopy. For each type of procedure, the volume of sterile water/plastic was estimated for a minimum of 20 procedures. The weight of plastic was measured using a Salter-Arc Electronic scale after leaving the bottle to dry for 48 hrs.

Results In our endoscopy unit, we estimated that we used 336 ml of sterile water per gastroscopy (7.05L for 21 OGDs); 241 ml per sigmoidoscopy (5.3L for 24 sigmoidoscopies); and 782 ml per colonoscopy (17.2L for 22 colonoscopies). For 2019, we performed 4436 OGDs, 2251 sigmoidoscopies and 3135 colonoscopies, which equates to a total estimated volume of sterile water of 4,485L (1490.5L for OGD; 542.49L for sigmoidoscopy; 2451.57L for colonoscopy). The dry weight of a single-use 1L plastic water bottle was 65 g while the cost of 1L of sterile water was 80p. Hence, the amount of plastic generated from water bottles in a year was approximated to