Abstract P44 Figure 1

departmental ADR and PDR, along with ADR/PDR ratio and other KPIs at 6-monthly intervals from January 2012 to December 2019.

Results An average of 2460 ± 366 colonoscopies were performed in every 6-month period by 42 ± 4 endoscopists. Collective ADR and PDR were 12% and 19%, respectively, at the beginning of the study period. Figure 1 shows a continuous improving trend in collective performance was recorded since the provision of individual feedback started. Departmental ADR improved from the initial 12% to 22% (Slope $.10 \pm .01$; $R^2 .84$, $p < 0.0001$), and PDR from 19% to 30% (Slope $.10 \pm .01$; $R^2 .78$, $p < 0.0001$) in the last 6-month period. Interestingly, the ADR/PDR ratio (overall 0.68 ± 0.05 , mean $\pm$ SD) also increased over time from a baseline of 0.63 to a final figure of 0.73 (Slope $.001 \pm .0003$; $R^2 .52$, $p < 0.01$). Other KPIs showed similar improving trends. The number of non-neoplastic polyps detected did not increase during the study period.

Conclusions Our data show that regular written feedback to endoscopists about their individual and departmental KPIs, along with expected benchmarks, improves adenoma detection and overall endoscopy performance. The parallel improvement of ADR/PDR ratio suggests that the above result is not due to increased removal of no-risk polyps, which is a potential unintended consequence of PDR monitoring. Concomitant monitoring of ADR and PDR may be important to prevent 'gaming' behaviour and ensure that a genuine quality improvement is achieved.

P45 TIME TO MOVE ONTO CHROMOENDOSCOPY AS STANDARD?

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10.1136/gutjnl-2020-bsgcampus.120

Introduction BSG introduced the guidelines for Barrett's oesophagus surveillance in 2013, which recommended the Seattle biopsy protocol to detect dysplasia. We reviewed the adherence rate to biopsy protocol for Barrett's surveillance service in Kettering General Hospital.

Methods List of gastroscopies performed between January 2016 to January 2019 with indication 'Barrett's surveillance' were obtained. Endoscopy report was obtained via ADAM software. Exclusion criteria includes procedures that were unsuccessful, performed for alternate indications, normal findings. Endoscopy finding including Prague classification, number of biopsies and histopathology were tabulated in Excel

spreadsheet. Adherence rate was analysed in subgroups of Barrett's segment length. Chi-Square test of independence was applied for statistical significance.

Results Total of 254 gastroscopies were included for analysis following exclusion criteria applied. Overall adherence to protocol was 78%. Adherence rate reduced with increase in length of Barrett's segment, with 97.9% adherence rate with length < 4 cm, and sharp reduction to 38.5% adherence with length 6–7 cm, and 25% with length ≥ 12 cm.

192 Barrett's diagnosed patients had maximum segment length < 6 cm, and 62 had ≥ 6 cm. There was statistical significance in difference ($p < 0.0001$) in adherence rate when comparing group with length < 6 cm (92.2%) and length ≥ 6 cm (33.9%). The incidence of detecting combined low- or high-grade dysplasia was however higher in the group with Barrett's length ≥ 6 cm (12.9%), when compared to length < 6 cm (3.1%) which was statistically significant ($p = 0.0033$). **Conclusions** Adherence to Seattle biopsy protocol is low and not proving useful in long Barrett's segment, despite initial improvement of adherence following the AsPECT trial. Chromoendoscopy with targeted biopsy may be the way forward to detect dysplastic lesions in long segment Barrett's. Further studies are required to evaluate this.

P46 INCREASE IN PATIENTS REFERRED VIA THE CANCER PATHWAY (CWT) WITHOUT CONSEQUENT INCREASE IN CANCERS DIAGNOSED

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10.1136/gutjnl-2020-bsgcampus.121

Introduction There is increasing pressure on endoscopy services in the UK due to increasing demands with reports showing that acute trusts are failing to get patients who are referred via the CWT seen within the specified 14 days. According to the most recent NHS England's 'Waiting time for suspected/diagnosed cancer patients annual report', the proportion of patients with suspected lower gastrointestinal (LGI) cancer failing to be seen within the stipulated 2 weeks has increased from 7.1% in 2015/16 to 10.4% in 2018/19. To assess the impact of these demands in our organisation, we carried out a comparative audit of CWT patients over 5 weeks starting 28th May in 2018 and 2019 to determine the following:

- If there had been a true increase in referrals
- The proportions seen within 2 weeks and proportion of cancers found
- In the patients with cancer, if there had been LGI investigation in the previous 3 years

Method The names of all patients referred via the cancer (CWT) pathway are kept on the trust database. One author interrogated the electronic case records of all patients referred to the trust within the designated period in 2018 and 2019 to get demographic details, time to first hospital encounter and final diagnosis.

Results Referral symptoms from most to least common were: haematochezia, change in bowel habit, anaemia, weight loss, tenesmus, nausea/vomiting, abdominal discomfort/pain. The commonest non-malignant findings were as follows: No pathology (39%), diverticulosis (18%), benign colonic polyps