led clinics. This reduces the number of premium rate sessions required to be delivered by consultants, being potentially transferable to other Trusts.

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PTH-31 THE ROLE OF FIT IN TRIAGING COLONOSCOPY REQUESTS: LESSONS LEARNT DURING FIRST WAVE OF COVID

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Introduction The role of faecal immunochemical testing (FIT) in the symptomatic pathway for suspected colorectal cancer (CRC) has been growing in importance. NICE guidance (NG 12) recommends using FIT in the diagnostic pathway to assess for CRC in adults with low risk of CRC (≥ 50 years with change in bowel habit (CIBH) or iron deficiency anaemia (IDA) and no rectal bleeding; or ≥ 60 years with anaemia with no rectal bleeding). Owing to increasing pressure on endoscopy services over the last few years, the role of FIT as a tool for triaging colonoscopy referrals has been growing in importance. This has been particularly pertinent over the COVID-19 coronavirus pandemic period where endoscopy services have been severely affected. We present our experience of the use of FIT in the symptomatic CRC pathway over the initial COVID-19 coronavirus wave (April-July 2020). **Methods** FIT was introduced into our service in late April 2020 and was used to triage and manage patients who had been placed on a waiting list when endoscopy services ceased at the end of March 2020 during the first wave of COVID-19 coronavirus. All patients referred into the symptomatic CRC pathway underwent investigations (colonoscopy/CTC) as we wanted to understand and audit the impact of FIT on outcomes. A lower FIT cut-off of $4\mu\text{g/g}$ was used for triage, based on DG30 data (NICE NG12) for the OC Sensor assay. Patients with FIT $< 4\mu\text{g/g}$ were deemed at very low risk of malignancy and underwent a non-urgent colonoscopy or CTC. All patients with FIT $> 4\mu\text{g/g}$ were prioritised for colonoscopy or urgent CTC during the initial recovery phase of our colonoscopy services in May 2020. Colonoscopy and CTC activity from April to July 2020 through the CRC pathway was retrospectively analysed.

Results Between May-July 2020, 751 patients (393 females, 358 males, mean age 64 years) underwent lower gastrointestinal endoscopy (606 colonoscopy, 145 flexible sigmoidoscopy). 477 patients with low-risk CRC history were triaged using FIT. 359 (75%) of patients with FIT $< 4\mu\text{g/g}$ underwent non-urgent colonoscopy and none of these patients had CRC diagnosed at colonoscopy. Out of 73 CRC diagnosed during April-July 2020, 8 (11%) were in the FIT group and 5 (63%) had FIT levels of $400\mu\text{g/g}$ (χ^2 , $\text{df}=1$, $n=477$), 6.54 , $p=0.01$, and underwent urgent colonoscopy that led to diagnosis. Three of these patients had FIT $< 4\mu\text{g/g}$ and underwent non-urgent colonoscopy at a mean of 8 weeks after their FIT test. FIT $< 4\mu\text{g/g}$ had a sensitivity of 62.5%, a specificity of 77%, a PPV of 4.3% and an NPV of 99.2% in our series. In the CTC group, 18/23 (78%) had FIT $< 4\mu\text{g/g}$ and none of the

patients in this group had CRC on imaging. 15 patients were admitted during the first COVID-19 coronavirus wave with bowel obstruction and underwent successful urgent colonic stenting due to suspension of the CRC surgical pathway at the time. FIT has now been incorporated into our symptomatic suspected CRC pathway.

Conclusions Our data confirms the utility of FIT in triaging patients for CRC and highlights our successful triage strategy using FIT to inform prioritising procedures during the first wave of the COVID-19 coronavirus pandemic.

PTH-32 DEVELOPMENT OF A NOVEL ELECTRONIC REFERRAL GRADING & TRIAGE SYSTEM

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Introduction Prior to Covid-19, demand for secondary care appointments continued to rise year on year suggesting unsustainable future post-pandemic demand. Now is thus the right time to invest in triage and clinical pathway innovation.

Methods A new fully-integrated digital triage system was built at our institution allowing for document upload and electronic triage. Data pertaining to referral time, triage decision, outpatient appointments and direct-to-test was extracted from the backend to plot empirical cumulative distribution functions, interquartile ranges and allow statistical comparison using the Kruskal-Wallis' test.

Results We analysed the first 704 luminal Gastroenterology referrals through the new triage system with the following sub-specialty classifications: Iron deficiency anaemia (IDA) – 200, Upper gastrointestinal symptoms (UGI) – 152, Inflammatory bowel disease (IBD) – 116, Irritable bowel syndrome (IBS/Functional) – 95, Lower gastrointestinal symptoms/change in bowel habit alone (LGI/CIBH) – 59, Coeliac – 27, Surgical – 25, Complex Functional – 12, Intestinal failure (IF/Nutrition) – 12, Hepatology – 4. 664 (95%) of referrals were accepted with 179 (27%) being sent direct to test. Of these only 42 (23.5%) had a subsequent clinic appointment booked,

Abstract PTH-32 Figure 1 Subspecialty Referrals vs Direct-To-Test Numbers

vs 436 (90%) for those not going direct to test. In addition, sending patients direct to test increased the proportion of subsequent routine clinic appointments from 55% to 70%. Median timelag from referral to grading was four days with grading taking a single day and appointments occurring 17 days later on average. Direct-to-test was most common amongst patients in the UGI (52.6%) and IBD (50%) sub-cohorts. This was significantly different *vs* other groups at the ($p<0.05$) level.

Conclusions Using a system as described here substantially improves data capture and efficiency. Direct to test reduces both need for clinic appointments and the urgency of subsequent appointments. IBD and UGI are the subspecialties most likely to benefit from direct to test approaches. IDA could be another suitable specialty and the plan is to address this in the future.

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PTH-33 PATIENT SATISFACTION SURVEY OF TELEPHONE CONSULTATIONS FOR OUTPATIENT LIVER CLINICS CONDUCTED DURING THE COVID-19 PANDEMIC

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Introduction In the wake of the COVID-19 pandemic in March 2020, NHS services were advised to restructure the delivery of outpatient clinic appointments. The emphasis being on reducing the number of hospital visits for stable patients and triage those who would benefit from a face-to-face (F2F) review which had constituted the vast majority of clinic appointment formats. We surveyed our patient cohort to assess the impact this had on their management, as well as evaluating their concerns and expectations.

Methods An electronic questionnaire was sent out as a text, for patients to complete on their mobile phones, who underwent a telephone consultation in the hepatology clinic (April to July 2020). Questions included a mixture of multiple-choice questions, ranking questions and space for comments. Anonymised data was analysed using Microsoft Excel.

Results There were 268 respondents out of 1200 sent surveys, giving a response rate of 22.3%. The mean age was 56 years, with majority being females (52%) and from white ethnic background (80%). 119 patients (44%) identified themselves as high-risk group with 45 (17%) key workers and 170 (63%) adhering to strict self-isolation during the lockdown period. Alcoholic liver disease (27%) and non-alcoholic liver disease (21%) made half of the patient cohort with 15% unsure about their underlying liver condition. The majority (85%) of consultations were follow up appointments mainly conducted by consultants (79%) followed by middle grades (7%), specialist nurses (3%) whilst 11% patients unsure of the clinician's grade. Patients answered, 'strongly agree' or 'agree' to; being assessed thoroughly (81%), their concerns addressed (84%) and opportunity to ask questions (90%). Overall patients rated their consultation as; excellent or good (85%), just as good or better than a F2F consultation (77%) and 85% would be happy to have telephone consultations in the future. Positive comments with telephone consultation included; no travelling involved or needing to take time off work, saving money on transport and parking, ease of convenience and feeling more

relaxed. Limitations mentioned by patients were; lack of physical examination, issues with phone connectivity leading to interrupted consultation and a general preference for direct interaction with clinicians. Feedback to improve services was; incorporation of video consultation and alternating telephone with F2F appointments.

Conclusion Our survey suggests that telephone consultation for patients with liver disease is a suitable modality for conducting outpatient clinics. It may be that those surveyed were more accepting of the new format due to the COVID pandemic, but our findings support implementing this as a future model for delivery of care, especially for stable patients on long term follow up.

PTH-34 DIAGNOSTIC OUTCOMES AFTER CANCELLED GASTROSCOPY: TELEPHONE TRIAGE OF 600 PATIENTS DURING THE COVID-19 PANDEMIC

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Introduction The two-week wait (TWW) pathway for suspected upper gastrointestinal (UGI) cancer is a straight to test (STT) approach. Due to the COVID-19 pandemic, national guidance recommended cessation of all endoscopy except emergency procedures or those deemed to be essential¹. This drastically reduced endoscopy capacity². In response, all STT TWW endoscopy referrals at University Hospitals North Midlands NHS Trust were vetted using telephone triage. This tertiary centre study reports diagnostic outcomes in a large cohort of TWW referrals following a triage decision not to undertake endoscopy.

Aims and Methods The primary outcome was the cancer detection rate in patients after telephone triage not to have endoscopy and to evaluate the endoscopy re-referral rate. The secondary outcome was to observe the detection rate of significant benign pathology. Data was collected March-September 2020. Triage outcomes were: a) continue with UGI endoscopy, b) referred for another test (radiological or endoscopic) or c) no investigation and safety netting in primary care.

Results Data was collected on 607 patients: median age 67 years; 337 (56%) female; 576 (95.4%) white ethnic origin. Most common referral indications were: dysphagia (29%), anaemia (25%) and abdominal pain (13%). Compliance with TWW referral criteria was 36%. Median follow up time was six months.

No further investigation was planned in 382 (63%), 144 (23.8%) underwent CT scanning, 39 (6.4%) Barium swallow, 19 (3.2%) CT colonography, and 6 (1%) colonoscopy.

Malignancy was diagnosed in 35 patients (5.7%) (Table 1). 51 (8.4%) patients later underwent an endoscopy after initial cancellation and seven cancers were found - five oesophageal, one gastric and one lung causing extrinsic oesophageal compression. In five of these cases, telephone triage prompted investigations. In the remaining two cases no investigations were organised at triage but both underwent CT scanning within two weeks via an alternative pathway without diagnostic delay.

26 patients had significant benign pathology: choledocholithiasis (38%), pharyngeal pouch (16%), achalasia (7%), and benign oesophageal stricture (7%).