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%).

Abstract PTH-34 Table 1 Site of primary cancer diagnosis

Oesophageal	9 (25.9)
Pancreatic	9 (25.9)
Hepatobiliary	5(14.2)
Other	8 (22.7)
Colon	3 (8.5)
Gastric	1 (2.8)

Conclusion Telephone triage demonstrated that primary care compliance with national TWW guidance was low. Risk stratification via telephone triage resulted in more appropriate investigations and earlier detection of non-upper GI cancer with less unnecessary endoscopies. Crucially, the majority of cancers diagnosed were not UGI, and would have been missed on STT endoscopy alone. During short term follow up no delayed cancer diagnoses were made. This study suggests telephone triage is an effective tool to reduce endoscopy waiting lists whilst carefully utilising radiological resources.

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PTH-35 OUT-OF-HOURS DEDICATED TRANS-NASAL ENDOSCOPY SERVICE – A MODEL FOR ENDOSCOPY RECOVERY DURING COVID PANDEMIC

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Introduction Trans-nasal endoscopy (TNE) using an ultra-thin endoscope has been shown to be safe and tolerable. In the COVID era, capacity in endoscopy is limited both in rooms due to backlogs and staff shortages, and in recovery due to social distancing. TNE is advantageous over conventional OGD (c-OGD) as it requires fewer nursing staff, no need for recovery, and can be performed outside of the endoscopy department. Commonly perceived disadvantages are poor completion rates and inadequate biopsy size. We sought to evaluate a novel TNE service, using a room outside of endoscopy setting in twilight hours (4–7pm).

Methods Nine endoscopists (4 consultants, 3 Fellows, 2 nurse endoscopists) were trained in TNE technique. Procedures were undertaken using Fujinon and Olympus ultra-thin endoscopes. All were performed with oral xylocaine and nasal phenylephrine/lidocaine spray, and without sedation. Paediatric biopsy forceps were used as required. Using Artificial Intelligence software (natural language processing - EndoMineR) patient reporting systems were interrogated to assess TNE and histology results.

Results 220 TNE procedures were performed between October 2019 and Dec 2020, 96 pre COVID-19 pandemic (to March 2020). 12 were performed with addition of Entonox. The patient characteristics are outlined in table 1.

Abstract PTH-35 Table 1

Median age (years)	45.0 +/- 15.6 (range 19.6 to 97.9)
Gender	
Male	108 (49.1%)
Female	112 (50.9%)
Indication for endoscopy	
Pain / reflux	79
Dyspepsia	35
Dysphagia	28
Oropharyngeal symptoms including globus	17
EoE assessment	14
Nausea / vomiting	11
Barrett's surveillance	11
Anaemia / bleeding	8
Weight loss	3
Other	14

Completion rate was 94% (208/220), with failure due to failed nasal intubation (n=6), patient discomfort (n=5), and difficulty navigating the D1/D2 junction (n=1); 4/12 were subsequently completed via oral route. There were no immediate complications documented.

Of 467 biopsies taken across 100 procedures, the average size of the largest biopsy was 4.57mm³. There was no difference in size of biopsy from different locations in UGI tract. No set of biopsies was reported as insufficient for diagnosis, including 39 for eosinophilic oesophagitis (EoE) and 11 for Barrett's oesophagus (BE).

Conclusions These data show TNE is safe and has a high completion rate (94%). Biopsy size was acceptable, and able to provide sufficient tissue for diagnosis in all cases. The number of biopsies for assessment of EoE and BE was sufficient, despite large number needed, confirming previous reports on tolerability of the procedure

In an era of extreme pressure on endoscopy services, we demonstrate that a novel dedicated TNE service can be employed to reduce waiting times without loss of quality.

PTH-36 IDENTIFICATION & SERVICE EVALUATION OF A PRIMARY SCLEROSING CHOLANGITIS COHORT USING NATURAL LANGUAGE PROCESSING

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Introduction Primary sclerosing cholangitis (PSC) is a rare and difficult to treat condition. PSC is strongly associated with malignancy, therefore screening and surveillance are paramount. PSC however does not have a unique UK ICD-10 diagnostic code, hence reliable patient cohort identification and thorough service evaluation is challenging. We used natural language processing (NLP) to identify the PSC patient cohort at University Hospital Southampton (UHS) and audited associated outcomes against recently updated British Society of Gastroenterology (BSG) management guidelines.

Methods Records of all patients with PSC at our institution between 2008–2020 were identified using our NLP methodology. We used fuzzy matching to analyse clinical records, and tokenized and lemmatized key paragraphs to identify key diagnostic patterns and exclude diagnostically uncertain or exclusive sentences. Anonymised discharge summaries, clinic letters,