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Oral Presentation

TITLE	**Enhanced vetting for Gastroenterology Outpatients**
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ABSTRACT DETAILS:	
Background:	Gastroenterology Outpatient (OP) demand has risen by 104%, and most Scottish Hospitals now fall below the national OP target. Many appointments add little value, and care could be directed more appropriately e.g. by expanding Straight to test models, providing direct advice to GPs or directing referrals to more dietitian or nurse led services.
Method:	A pilot enhanced vetting programme began in February 2017. Each consultant gastroenterologist had dedicated time for a virtual vetting clinic, where case records and laboratory results of OP referrals would be scrutinised. New guidelines and standardised advice was developed, and existing but often ignored guidelines were refreshed. Additional dietetic support for FODMAP, and early use of faecal calprotectin (anticipating the modernising outpatient programme) was put in place.
Results:	OP referrals coded as "clinically cancelled" rose from 7% to 25%. All OP referrals can now be accommodated within national waiting time targets. The net benefit was equivalent to the creation of one new patient clinic per week, even after allowing for a clinic cancellation to allow for the virtual vetting clinic. 100 consecutive cases where the OP referral was cancelled and either dietetic support or written advice given were reviewed in detail. To allow time for re-referral, if required, to take place, the cases analysed had initially been referred 6-12 months earlier. 23 were subsequently re-referred (13 to clinic, 10 for scopes), 19 of these re-referrals conformed to a re-referral protocol (e.g. where re-referral was previously recommended depending on a particular test result or symptom change). There was only one adverse outcome of the enhanced process – delayed diagnosis of coeliac disease at age 85, in presence of significant co-morbidity. There were no missed cancer diagnoses. Enhanced vetting has increased the complexity of patients attending clinic, with the anecdotal impression of longer clinic duration, and slightly increased pressure on return OP capacity.
Conclusions:	Enhanced vetting leads to a significant reduction in OP waiting times. On initial evaluation it appears safe. On-going assessment of suitability and safety from a GP and patient perspective is planned.
References:	