

499 Upper GI Surgical Clinic Referrals, Can We Improve Patient Experience?

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Introduction: With increasing pressure on NHS to deal with long waiting lists, solutions to reduce waiting times are imperative. In the era of the COVID-19 pandemic, we need to reshape the way we look into Outpatient clinic appointments.

Aim: To review all clinic referrals to UGI surgical clinic and highlight any potential pathways that can improve waiting times and patient experience.

Method: Patients referred to UGI clinic over 2 months were collected from Iclip, EPR and EDM. Post-discharge appointments and DNA's were excluded. Data collected included time from referral to clinic, type of referral, symptoms, investigations, potential pathway, first clinic outcome, and appropriateness of referral.

Results: Total of 147 referrals analyzed. Time from referral to clinic appointment is 51 days. GP referrals represented 73% while the rest from consultant colleagues. The most common symptoms were biliary colic and GORD. OGD and PH manometry were the most common investigations requested. The most common first outcome was pre investigate and clinic follow up. Two potential pathways identified are Biliary colic and GORD pathway. 90% of referrals were appropriate.

Conclusions: Biliary colic pathway and GORD pathway are 2 potential pathways that can cut off waiting times for clinic appointments and improve patient experience in outpatient clinics.