discomfort and two with worry about abdominal symptoms. Items that loaded onto factor two were concerned with fear that symptoms were caused by a serious underlying illness. Items loading onto factor three were concerned with the fear of symptoms in the context of new experiences, for example trying new foods or having access to toilets in places that someone hasn't visited before. Both factor one of the VSI and the PHQ-12 were strongly and independently associated with IBS symptom severity, for the group as a whole ($p < 0.001$), and for all four IBS subtypes. However, factors two and three of the VSI were not significantly associated with IBS symptom severity. Of note, most VSI items concerned with overt gastrointestinal symptom-specific anxiety loaded onto these two factors that were not associated with IBS symptom severity.

Conclusions The factor structure of the VSI requires further investigation. Our findings cast doubt on the central role of gastrointestinal symptom-specific anxiety as a driver for symptom severity in IBS. Awareness of both gastrointestinal and extra-intestinal symptoms, however, is strongly associated with symptom severity.

Gastroenterology service

O64 COMPARISON OF EFFECT OF NEW COLONOSCOPY SURVEILLANCE GUIDELINES WITHIN BOWEL CANCER SCREENING AND SYMPTOMATIC PATIENTS

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Introduction In November 2019 new national guidelines were issued for colonoscopy surveillance post polypectomy and colorectal cancer (CRC). [1] Their implementation has been strongly encouraged by JAG due to anticipated significant reduction in colonoscopy workload, although previous low quality colonoscopy should preclude any surveillance changes.[1] Similarly Public Health England encouraged their uptake within BCS.

We applied these guidelines to the surveillance waiting list of our symptomatic and BCS cohort, aiming to compare reduction in surveillance colonoscopies within the two groups and assess the impact on our services.

Methods We analysed data from Wolverhampton BCS Hub for BCS patients awaiting surveillance between January to March 2020. A similar number of patients were analysed from the current surveillance waiting list at The Royal Wolverhampton NHS Trust. Surveillance vetting was undertaken by a single clinician for BCS and 5 healthcare professionals for the symptomatic service. Patients were contacted with any change in surveillance strategy.

Results 182 BCS patients were vetted with the new guidelines. This led to a 48.9% (n=89) reduction in colonoscopy procedures required in that year (surveillance discontinuation in 35.7% (n=65) and deferred surveillance interval in 13.2% (n=24)).

In the symptomatic cohort 203 patients were vetted with the new guidelines. Indications for surveillance in this cohort were post polypectomy surveillance (79.4%, n=161), post CRC surveillance (16.7%, n=34) and confirmed family history of CRC (3.9%, n=8).

There was a 73.9% (n=150) reduction in colonoscopy procedures required in that year in the symptomatic service cohort (surveillance discontinuation in 65% (n=132) and deferred surveillance interval in 8.9% (n=18)). The indications for discontinuation were age (>75 years old) in 44.7% (n=59) and no high risk features in 55.3% (n=73).

This table 1 describes the differences observed between high and low/intermediate risk groups, as per old guidance, in both populations.

Conclusions The new guidelines significantly reduced colonoscopy workload mainly through surveillance discontinuation. This reduction was greater for the symptomatic service largely due to new suggested age cut off. Implementation of current guidelines will lead to decreased workload for endoscopy units and risk reduction for patients avoiding exposure to unnecessary procedures.

Abstract O64 Table 1

Intervention \ Groups	High risk BCS cohort	High risk symptomatic cohort	Low/ Intermediate risk BCS cohort	Low/Intermediate risk symptomatic cohort
Interval changed	21.7%	38.9%	2.7%	3.2%
Surveillance stopped	23.6%	38.9%	52.6%	84.1%
No interval change	54.7%	22.2%	44.7%	12.7%

REFERENCE

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O65 IMPACT OF A 'HIGH INTENSITY TEST AND TREAT' INITIATIVE FOR HCV IN LOW NEWTON PRISON

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Background Hepatitis C virus infection (HCV) is common in prisons in the UK with estimates suggesting a prevalence of approximately 7%. One of the goals of NHS England is to eliminate HCV from the country by 2025. In order to facilitate elimination of HCV from prisons, funding was available to conduct high intensity test and treat (HITT) initiatives in prisons with the aim of testing >95% of residents for HCV and treating >90% of those with active HCV, which is considered 'elimination'. We describe the outcomes of a HITT conducted in Low Newton prison, in County Durham, which houses 307 female residents.

Methods A Blood borne virus (BBV) testing weekend was conducted in January 2020 following detailed planning from a multidisciplinary team. The testing weekend was well publicised among residents. All residents were offered BBV testing using fingerpick dry blood spot testing for HCV antibody/RNA, HIV, HBsAg and Syphilis. A small incentive was given