

Irritable bowel syndrome in adults

Quality standard

Published: 11 February 2016

www.nice.org.uk/guidance/qs114

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This standard is based on CG61 and DG11.

This standard should be read in conjunction with QS15 and QS134.

Introduction

This quality standard covers the diagnosis and management of irritable bowel syndrome in adults. It does not cover other gastrointestinal disorders such as non-ulcer dyspepsia, coeliac disease and inflammatory bowel disease. For more information see the [irritable bowel syndrome topic overview](#).

Why this quality standard is needed

Irritable bowel syndrome is a chronic, relapsing and often life-long disorder. It is characterised by abdominal pain or discomfort, which may be relieved by defaecation or accompanied by a change in bowel habit. Symptoms may include constipation or diarrhoea or both, and abdominal distension, usually referred to as bloating. People present with varying symptom profiles, most commonly 'diarrhoea predominant', 'constipation predominant' or mixed symptom (alternating between diarrhoea and constipation). Symptoms sometimes overlap with other gastrointestinal disorders such as non-ulcer dyspepsia or coeliac disease.

The causes of irritable bowel syndrome have not been adequately defined, although gut hypersensitivity, disturbed colonic motility, bowel dysfunction after an infection, microbial imbalance in the gut (dysbiosis), low-grade inflammation or a defective antinociceptive (anti-pain) system are possible causes. Stress commonly aggravates the disorder.

Irritable bowel syndrome may cause lack of sleep, anxiety and lethargy, which may lead to time off work, avoidance of stressful or social situations, and a significant reduction in quality of life.

The quality standard is expected to contribute to improvements in the following outcomes:

- undiagnosed irritable bowel syndrome in adults
- quality of life for adults with irritable bowel syndrome

- satisfaction with care received for irritable bowel syndrome
- unnecessary hospital attendances for symptoms of irritable bowel syndrome
- inappropriate investigations.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2015 to 2016](#)
- [Public Health Outcomes Framework 2013 to 2016](#).

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to irritable bowel syndrome.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the [NICE Pathway on patient experience in adult NHS services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for irritable bowel syndrome specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole irritable bowel syndrome care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people with irritable bowel syndrome.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality irritable bowel syndrome service are listed in [related NICE quality standards](#).

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating adults with irritable bowel syndrome should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting people with irritable bowel syndrome. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1 Adults with symptoms of irritable bowel syndrome are offered tests for inflammatory markers as first-line investigation to exclude inflammatory causes.

Statement 2 Adults with symptoms of irritable bowel syndrome are given a positive diagnosis if no red flag indicators are present and investigations identify no other cause of symptoms.

Statement 3 Adults with irritable bowel syndrome are offered advice on further dietary management if their symptoms persist after they have followed general lifestyle and dietary advice.

Statement 4 Adults with irritable bowel syndrome agree their follow-up with their healthcare professional.

Quality statement 1: Excluding inflammatory causes

Quality statement

Adults with symptoms of irritable bowel syndrome are offered tests for inflammatory markers as first-line investigation to exclude inflammatory causes.

Rationale

Irritable bowel syndrome can be difficult to diagnose because the symptoms can be similar to other conditions such as inflammatory bowel disease and coeliac disease. Tests for inflammatory markers are particularly useful to exclude inflammatory bowel disease and mean that fewer people have invasive procedures (such as colonoscopies and sigmoidoscopies) to check for inflammatory causes of their symptoms.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with symptoms of irritable bowel syndrome are offered tests for inflammatory markers as first-line investigation to exclude inflammatory causes.

Data source: Local data collection.

Process

Proportion of adults with symptoms of irritable bowel syndrome who have tests for inflammatory markers as first-line investigation to exclude inflammatory causes.

Numerator – the number in the denominator who have tests for inflammatory markers as first-line investigation to exclude inflammatory causes.

Denominator – the number of adults with symptoms of irritable bowel syndrome.

Data source: Local data collection.

Outcome

Number of adults diagnosed with irritable bowel syndrome.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (GP practices) ensure that systems are in place for adults with symptoms of irritable bowel syndrome to be offered tests for inflammatory markers (including faecal calprotectin and C-reactive protein) as first-line investigation to exclude inflammatory causes of symptoms.

Healthcare professionals in primary care (GPs) offer adults with symptoms of irritable bowel syndrome tests for inflammatory markers (including faecal calprotectin and C-reactive protein) as first-line investigation to exclude inflammatory causes of symptoms.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services that offer tests for inflammatory markers (including faecal calprotectin and C-reactive protein) to adults with symptoms of irritable bowel syndrome, as first-line investigation to exclude inflammatory causes of symptoms.

Adults with symptoms of irritable bowel syndrome (such as constipation, diarrhoea and bloating) are offered blood and stool sample tests to check whether they have inflammation in their bowel. This will help their GP to find out what might be causing their symptoms and to diagnose their condition.

Source guidance

- [Irritable bowel syndrome in adults: diagnosis and management. NICE guideline CG61 \(2008\), recommendation 1.1.2.1 \(key priority for implementation\)](#)

- [Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel. NICE diagnostic guidance DG11 \(2013\), recommendation 1.1](#)

Definitions of terms used in this quality statement

Symptoms of irritable bowel syndrome

Irritable bowel syndrome should be considered if an adult presents with abdominal pain or discomfort, bloating or a change in bowel habit for at least 6 months. A diagnosis of irritable bowel syndrome should be considered only if the person has abdominal pain or discomfort that is either relieved by defaecation or is associated with altered bowel frequency or stool form. This should be accompanied by at least 2 of the following 4 symptoms:

- altered stool passage (straining, urgency, incomplete evacuation)
- abdominal bloating (more common in women than men), distension, tension or hardness
- symptoms made worse by eating
- passage of mucus.

Lethargy, nausea, backache and bladder symptoms are also common in people with irritable bowel syndrome, and may be used to support the diagnosis.

[Adapted from [NICE's guideline on irritable bowel syndrome in adults, recommendations 1.1.1.1 and 1.1.1.4 \(key priorities for implementation\)](#)]

Tests for inflammatory markers

Tests for inflammatory markers to exclude inflammatory causes include tests for faecal calprotectin and C-reactive protein. Inflammatory causes are usually excluded to help the diagnosis of mixed symptom (alternating between diarrhoea and constipation) or diarrhoea-predominant irritable bowel syndrome.

[Adapted from [NICE's diagnostics guidance on faecal calprotectin diagnostic tests for inflammatory diseases of the bowel](#), recommendation 1.1; [NICE's guideline on irritable](#)

bowel syndrome in adults, recommendations 1.1.1.3 and 1.1.2.1 (key priorities for implementation); and expert opinion]

Inflammatory causes

Chronic diseases that cause inflammation of the digestive system, such as Crohn's disease and ulcerative colitis.

[Adapted from NICE's quality standard on inflammatory bowel disease, introduction]

Quality statement 2: Giving a diagnosis

Quality statement

Adults with symptoms of irritable bowel syndrome are given a positive diagnosis if no red flag indicators are present and investigations identify no other cause of symptoms.

Rationale

Irritable bowel syndrome can be difficult to diagnose, and it is important to reach the correct diagnosis while striking the right balance between too few and too many investigations. Under-diagnosis and over-investigation can prevent effective management. When red flag indicators and other causes of symptoms, such as coeliac disease, have been ruled out, a positive diagnosis of irritable bowel syndrome can be made. Giving a positive diagnosis will help to reduce unnecessary anxiety in people with symptoms of irritable bowel syndrome.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with symptoms of irritable bowel syndrome are given a positive diagnosis if no red flag indicators are present and investigations identify no other cause of symptoms.

Data source: Local data collection.

Process

Proportion of adults with symptoms of irritable bowel syndrome who receive a positive diagnosis if no red flag indicators are present and investigations identify no other cause of symptoms.

Numerator – the number in the denominator who receive a positive diagnosis of irritable

bowel syndrome.

Denominator – the number of adults with symptoms of irritable bowel syndrome who have no red flag indicators and investigations identify no other cause of symptoms.

Data source: Local data collection.

Outcomes

a) Incidence of irritable bowel syndrome.

Data source: Local data collection, for example, from Read-coded patient records on GP clinical information systems.

b) Satisfaction with the irritable bowel syndrome diagnostic process.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (GP practices) ensure that adults with symptoms of irritable bowel syndrome are given a positive diagnosis if no red flag indicators are present and investigations identify no other cause of symptoms.

Healthcare professionals in primary care (GPs) give adults with symptoms of irritable bowel syndrome a positive diagnosis if no red flag indicators are present and investigations identify no other cause of their symptoms.

Commissioners (clinical commissioning groups and NHS England) commission services that give adults with symptoms of irritable bowel syndrome a positive diagnosis if no red flag indicators are present and investigations identify no other cause of their symptoms.

Adults with symptoms of irritable bowel syndrome (such as constipation, diarrhoea and bloating) are given a diagnosis of irritable bowel syndrome if they have no symptoms that need referral to a hospital consultant (these symptoms are known as red flag indicators) and tests show no other cause of their symptoms.

Source guidance

- [Irritable bowel syndrome in adults: diagnosis and management. NICE guideline CG61 \(2008\)](#), recommendations 1.1.1.1, 1.1.1.3, 1.1.1.4 and 1.1.2.1 (key priorities for implementation)
- [Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel. NICE diagnostic guidance DG11 \(2013\)](#), recommendation 1.1

Definitions of terms used in this quality statement

Positive diagnosis

Positive diagnosis means the diagnosis is not merely one of exclusion. It is based on the person's symptoms meeting the diagnostic criteria for irritable bowel syndrome (symptoms of irritable bowel syndrome) and the findings of investigations ruling out realistic alternatives. A positive diagnosis allows the person with symptoms of irritable bowel syndrome and the GP to work towards symptom control.

[Adapted from [NICE's full guideline on irritable bowel syndrome in adults](#)]

Red flag indicators

These are symptoms that need referral to secondary care. They are signs and symptoms of cancer in line with the [NICE guideline on recognition and referral for suspected cancer](#), and inflammatory markers for inflammatory bowel disease.

[Adapted from [NICE's guideline on irritable bowel syndrome in adults](#), recommendation 1.1.1.2 (key priority for implementation), and expert opinion]

Investigations

Investigations for adults presenting with suspected irritable bowel syndrome should include consideration of signs and symptoms of cancer in line with the [NICE guideline on recognition and referral for suspected cancer](#) (for example, sections 1.3 on [lower gastrointestinal tract cancers](#) and 1.5 on [gynaecological cancers](#)), and inflammatory markers for inflammatory bowel disease.

When the above have been excluded, the following tests should be done to exclude other diagnoses:

- full blood count
- erythrocyte sedimentation rate (ESR) or plasma viscosity
- C-reactive protein (CRP)
- antibodies for coeliac disease (endomysial antibodies [EMA] or tissue transglutaminase [TTG]).

The following tests are not necessary to confirm diagnosis in people who meet the diagnostic criteria for irritable bowel syndrome:

- ultrasound
- rigid/flexible sigmoidoscopy
- colonoscopy, barium enema
- thyroid function test
- faecal ova and parasite test
- faecal occult blood
- hydrogen breath test (for lactose intolerance and bacterial overgrowth).

[Adapted from [NICE's guideline on irritable bowel syndrome in adults](#), recommendations 1.1.1.2, 1.1.2.1 and 1.1.2.2 (key priorities for implementation)]

Symptoms of irritable bowel syndrome

Irritable bowel syndrome should be considered if an adult presents with abdominal pain or discomfort, bloating or a change in bowel habit for at least 6 months. A diagnosis of irritable bowel syndrome should be considered only if the person has abdominal pain or discomfort that is either relieved by defaecation or is associated with altered bowel frequency or stool form. This should be accompanied by at least 2 of the following 4 symptoms:

- altered stool passage (straining, urgency, incomplete evacuation)

- abdominal bloating (more common in women than men), distension, tension or hardness
- symptoms made worse by eating
- passage of mucus.

Lethargy, nausea, backache and bladder symptoms are also common in people with irritable bowel syndrome, and may be used to support the diagnosis.

[Adapted from [NICE's guideline on irritable bowel syndrome in adults](#), recommendations 1.1.1.1 and 1.1.1.4 (key priorities for implementation)]

Quality statement 3: Dietary management

Quality statement

Adults with irritable bowel syndrome are offered advice on further dietary management if their symptoms persist after they have followed general lifestyle and dietary advice.

Rationale

General lifestyle and dietary advice is important to empower people with irritable bowel syndrome to manage their condition and to improve their quality of life. However, when symptoms persist beyond a time agreed with their healthcare professional, specialist advice from a healthcare professional with expertise in dietary management can help people to manage persistent symptoms. This advice can be given in primary care by healthcare professionals with relevant expertise in dietary management or a referral may be made. This advice can also ensure that a person has an adequate nutritional intake when following food avoidance, restriction or exclusion diets.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with irritable bowel syndrome are offered advice on further dietary management if their symptoms persist after they have followed general lifestyle and dietary advice.

Data source: Local data collection.

Process

Proportion of adults with irritable bowel syndrome who are offered advice on further dietary management if their symptoms persist after they have followed general lifestyle and dietary advice for an agreed time.

Numerator – the number in the denominator who receive advice on further dietary management.

Denominator – the number of adults with irritable bowel syndrome whose symptoms persist after they have followed general lifestyle and dietary advice for an agreed time.

Data source: Local data collection.

Outcomes

a) People with irritable bowel syndrome feel confident to manage their condition.

Data source: Local data collection.

b) Satisfaction with care received for irritable bowel syndrome.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (GP practices and dietetic services) ensure that adults with irritable bowel syndrome are offered advice on further dietary management from healthcare professionals with relevant expertise, if symptoms persist after following general lifestyle and dietary advice for an agreed time.

Healthcare professionals (such as GPs, and community and secondary care dietitians) ensure that adults with irritable bowel syndrome are offered advice on further dietary management, if symptoms persist after following general lifestyle and dietary advice for an agreed time. This advice can be given in primary care by healthcare professionals with relevant expertise in dietary management or a referral may be made.

Commissioners (clinical commissioning groups and NHS England) commission services in which people with irritable bowel syndrome are offered advice on further dietary management from healthcare professionals with relevant expertise, if symptoms persist after following general lifestyle and dietary advice for an agreed time.

Adults with irritable bowel syndrome are offered further dietary advice from a healthcare professional with expertise in dietary management if their symptoms have not improved enough after following general advice on diet and lifestyle for a period of time agreed with their healthcare professional.

Source guidance

Irritable bowel syndrome in adults: diagnosis and management. NICE guideline CG61 (2008), recommendation 1.2.1.8

Definitions of terms used in this quality statement

General lifestyle and dietary advice

This is designed to help to minimise the symptoms of irritable bowel syndrome and should include:

- creating relaxation time
- increasing activity levels
- having regular meals and taking time to eat
- avoiding missing meals or leaving long gaps between eating.

Other general lifestyle and dietary advice includes:

- drinking at least 8 cups (approximately 2,000 ml) of fluid per day, especially water or other non-caffeinated drinks (for example, herbal teas)
- restricting caffeinated tea and coffee to 3 cups (approximately 750 ml) per day
- reducing intake of alcohol and soft drinks
- limiting fresh fruit to 3 portions per day (a portion should be approximately 80 g)
- avoiding sorbitol, an artificial sweetener found in sugar-free sweets (including chewing gum), drinks and in some diabetic and slimming products, if the person has diarrhoea
- eating 30 g per day of fibre

- adjusting the amount of fibre consumed by restricting or increasing certain foods.

[Adapted from [NICE's guideline on irritable bowel syndrome in adults](#), recommendations 1.2.1.1 (key priority for implementation), 1.2.1.2, 1.2.1.3 and 1.2.1.4, and information for the public and expert opinion]

Further dietary management

There are specific types of diets which can be followed to help manage the symptoms of irritable bowel syndrome. Single food avoidance is the exclusion of 1 food from the diet if it is thought to cause symptoms. After an agreed time (usually between 2 and 4 weeks), the food can be reintroduced gradually to verify whether it causes or exacerbates the symptoms.

A restricted or exclusion diet is when 1 or more foods suspected to cause symptoms are completely excluded for an agreed time before structured reintroduction. These diets may improve the symptoms of irritable bowel syndrome and can include, for example, a low FODMAP (fermentable oligosaccharides, disaccharides, monosaccharides and polyols) diet. FODMAPs are a collection of carbohydrates that are poorly absorbed in the small bowel and pass into the large bowel where they are quickly broken down (fermented) by bacteria. This can cause bloating, wind, and discomfort or pain. FODMAPs can also draw water into the bowel, causing diarrhoea.

[Adapted from [NICE's guideline on irritable bowel syndrome in adults](#), recommendation 1.2.1.8 and information for the public and expert opinion]

Equality and diversity considerations

Healthcare professionals should take into consideration the communication needs of people with irritable bowel syndrome, including cognitive impairment, when discussing and providing information on dietary management. All information should be culturally appropriate.

Quality statement 4: Reviewing treatment and management

Quality statement

Adults with irritable bowel syndrome agree their follow-up with their healthcare professional.

Rationale

Regular review of treatment and management ensures that people with irritable bowel syndrome continue to be supported to manage their condition and to improve or maintain their quality of life. However, because self-management is the best approach for many people, the patients themselves should play a key role in determining when they need the review. The review, which may form part of an annual patient review, gives the opportunity for discussing and optimising medicines, lifestyle and diet, considering management alongside other related conditions, considering new treatments, and prompting further investigations or referrals if red flag indicators emerge.

Quality measures

Structure

a) Evidence of local arrangements to ensure that adults with irritable bowel syndrome agree their follow-up with their healthcare professional.

Data source: Local data collection.

b) Evidence of local arrangements (for example through local protocols on appointment reminders) to ensure that adults with irritable bowel syndrome have follow-up as agreed with their healthcare professional.

Data source: Local data collection.

Process

a) Proportion of adults with irritable bowel syndrome who agree their follow-up arrangements with their healthcare professional.

Numerator – the number in the denominator who agree their follow-up arrangements with their healthcare professional.

Denominator – the number of adults with irritable bowel syndrome.

Data source: Local data collection.

b) Proportion of adults with irritable bowel syndrome whose follow-up takes place by the date agreed with their healthcare professional.

Numerator – the number in the denominator whose follow-up takes place by the date agreed.

Denominator – the number of adults with irritable bowel syndrome who have a follow-up date agreed with their healthcare professional.

Data source: Local data collection.

Outcomes

a) People with irritable bowel syndrome feel confident to manage their condition.

b) Satisfaction with care received for irritable bowel syndrome.

What the quality statement means for different audiences

Service providers (GP practices) ensure that adults with irritable bowel syndrome agree their follow-up with their healthcare professional. This can include the frequency and the format of the review; for example, it can be a face-to-face appointment or a telephone consultation. Adults with irritable bowel syndrome should be encouraged to make contact to arrange their follow-up appointments as part of the self-management of their

symptoms.

Healthcare professionals in primary care (GPs) discuss the frequency and format of follow-up with adults with irritable bowel syndrome and agree with them how and when this will take place. The format can be a face-to-face appointment or, if appropriate, a telephone consultation. Healthcare professionals should encourage adults with irritable bowel syndrome to make contact to arrange their follow-up appointments as part of the self-management of their symptoms.

Commissioners (clinical commissioning groups and NHS England) commission services that ensure that adults with irritable bowel syndrome can agree their follow-up with their healthcare professional.

Adults with irritable bowel syndrome agree how often they will see their healthcare professional to talk about their symptoms and their medications. They can agree whether the appointment will take place face-to-face or by telephone. They should be encouraged to make contact to arrange the appointments as part of the management of their own symptoms.

Source guidance

Irritable bowel syndrome in adults: diagnosis and management. NICE guideline CG61 (2008), recommendation 1.2.5.1

Definitions of terms used in this quality statement

Follow-up

This is an opportunity for a person with irritable bowel syndrome to discuss their symptoms and how these are managed with their healthcare professional. This appointment can take place at a frequency agreed by the person and their healthcare professional, and can take the form that they feel is the most appropriate (such as attending the GP practice or a telephone conversation). Adults with irritable bowel syndrome should be encouraged to make contact to arrange the appointment because this will empower them to self-manage their symptoms.

[Adapted from NICE's guideline on irritable bowel syndrome in adults, recommendation

1.2.5.1 and expert opinion]

Equality and diversity considerations

Healthcare professionals should take into consideration the communication needs of people with irritable bowel syndrome, including cognitive impairment, when discussing and undertaking follow-up. For those people who are unable to arrange the follow-up appointments themselves, assistance should be provided to ensure their care continues appropriately.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

See [NICE's how to use quality standards](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments for this quality standard](#) are available.

Good communication between healthcare professionals and adults with irritable bowel syndrome is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults with irritable bowel syndrome should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the [quality standards process guide](#).

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel. NICE diagnostic guidance DG11 \(2013\)](#)
- [Irritable bowel syndrome in adults: diagnosis and management. NICE guideline CG61 \(2008\)](#)

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

[NHS Digital. Provisional monthly hospital episode statistics for admitted patient care, outpatients and accident and emergency data – April 2011 to December 2011: topic of interest: irritable bowel syndrome \(2011\)](#)

Related NICE quality standards

- [Coeliac disease. NICE quality standard 134 \(2016\)](#)
- [Inflammatory bowel disease. NICE quality standard 81 \(2015\)](#)
- [Constipation in children and young people. NICE quality standard 62 \(2014\)](#)
- [Patient experience in adult NHS services. NICE quality standard 15 \(2012\)](#)

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

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Update information

Minor changes since publication

March 2017: The definitions in statement 2 have been updated to reflect changes to [NICE's guideline on irritable bowel syndrome in adults](#), which were made to ensure consistency with the updated [NICE guideline on recognition and referral for suspected cancer](#).

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) for details of standing committee 4 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathways on irritable bowel syndrome in adults, Crohn's disease and ulcerative colitis](#), which bring together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for

commissioning or providing care that may be relevant only to England.

ISBN: 978-1-4731-1666-5

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Society of Gastroenterology](#)
- [Royal College of General Practitioners \(RCGP\)](#)
- [Royal College of Physicians \(RCP\)](#)