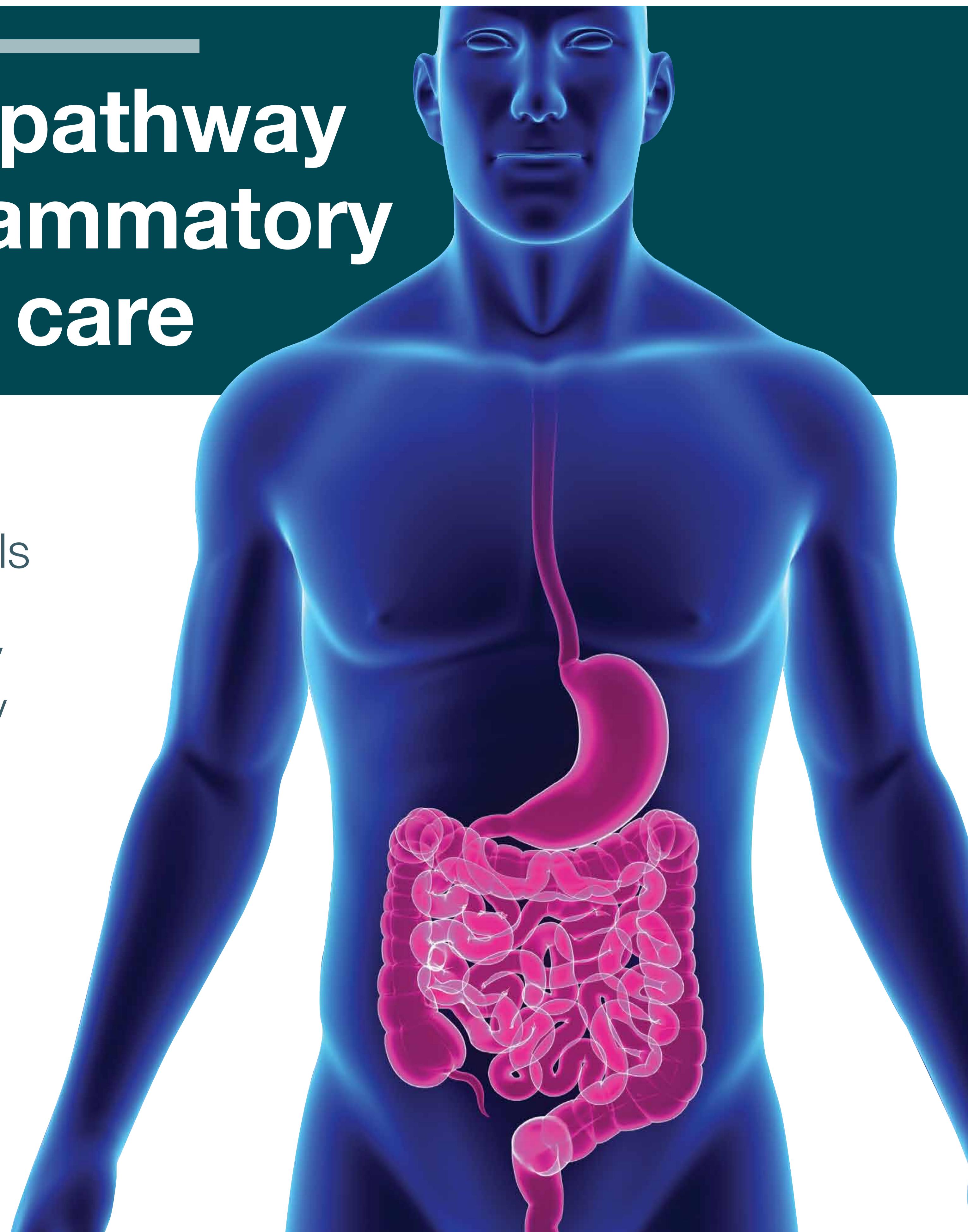


A faecal calprotectin care pathway to support diagnosing inflammatory bowel diseases in primary care

A new care pathway to support the wider use of faecal calprotectin testing within primary care, was created by Dr James Turvill at York Teaching Hospitals NHS Foundation Trust. The Yorkshire & Humber AHSN developed a suite of resources to enable easy and swift implementation of the pathway into primary care and its continued use by GPs.

"This is a great project which not only supports the entire local health economy but also improves patient experience and patient outcomes."

Richard Stubbs, Chief Executive, Yorkshire & Humber AHSN



What we did and why

Uptake of NICE diagnostics guidance DG11, which recommends using faecal calprotectin testing to diagnose inflammatory bowel disease in primary care, has been low. The criteria for endoscopy referrals in the guidance has led to a high number of patients with Irritable Bowel Syndrome – and not bowel disease - being unnecessarily referred to secondary care.

In 2014, Dr Turvill took part in a NICE adoption project, designing a new pathway to address this. The Yorkshire & Humber AHSN then enabled the implementation of the pathway, which included increasing the cut off level for endoscopy referrals, and providing GPs with risk assessment tools to support them to use their clinical judgement on whether a referral is necessary.

The aims of the pathway were to:

- Reduce the pressures in secondary care for endoscopy services and gastroenterology outpatient appointments
- Improve patient experience by supporting quicker diagnoses and enabling patients to be treated in primary care where possible
- Provide cost saving benefits for the local health economy.

Outcomes and impact

The AHSN, York Teaching Hospitals NHS Foundation Trust and Vale of York CCG co-created a pack of resources designed to help other local organisations implement the new pathway as easily as possible. These included: business plans, templates for GP systems, and educational videos and materials.

The pathway increased the specificity of the test whilst maintaining its sensitivity. The health economic evaluation completed by York Health Economic Consortium (YHEC) verified this and demonstrated that per 1,000 patients tested the improved pathway:

- Prevents 147-262 colonoscopies, and
- Saves £100K - £160K.

Patient feedback on the pathway included:

- "The test was enough to confirm that is nothing more than IBS."
- "The calprotectin test is better than a colonoscopy."

What we learnt

Different companies make faecal calprotectin tests and it is important to know which ones are being used by GPs. We compared three different tests and although there are small differences in the results they provide, they are all suitable for use in our pathway.

We found that clinical champions were vital for educating GPs. Ensuring GPs understood the new pathway and why it had been changed ensured good adherence.

Another challenge was ensuring GPs understood that faecal calprotectin testing should not be used if cancer is suspected, and that faecal immunochemical tests (FIT) for cancer are on a separate pathway.

The AHSN network is supporting the implementation of this project nationally and is keen to share the resources developed in York with other Trusts and CCGs across England.