




**Vale of York
Clinical Commissioning Group**

Audit of guidelines
for the use of faecal
calprotectin in
Primary Care

Survey Feedback Report,
November 2014

Version 1

A decorative graphic at the bottom of the page consisting of a wavy, multi-colored line that transitions through the colors of a rainbow (red, orange, yellow, green, blue, purple) from left to right.

The best health and
wellbeing for everyone.

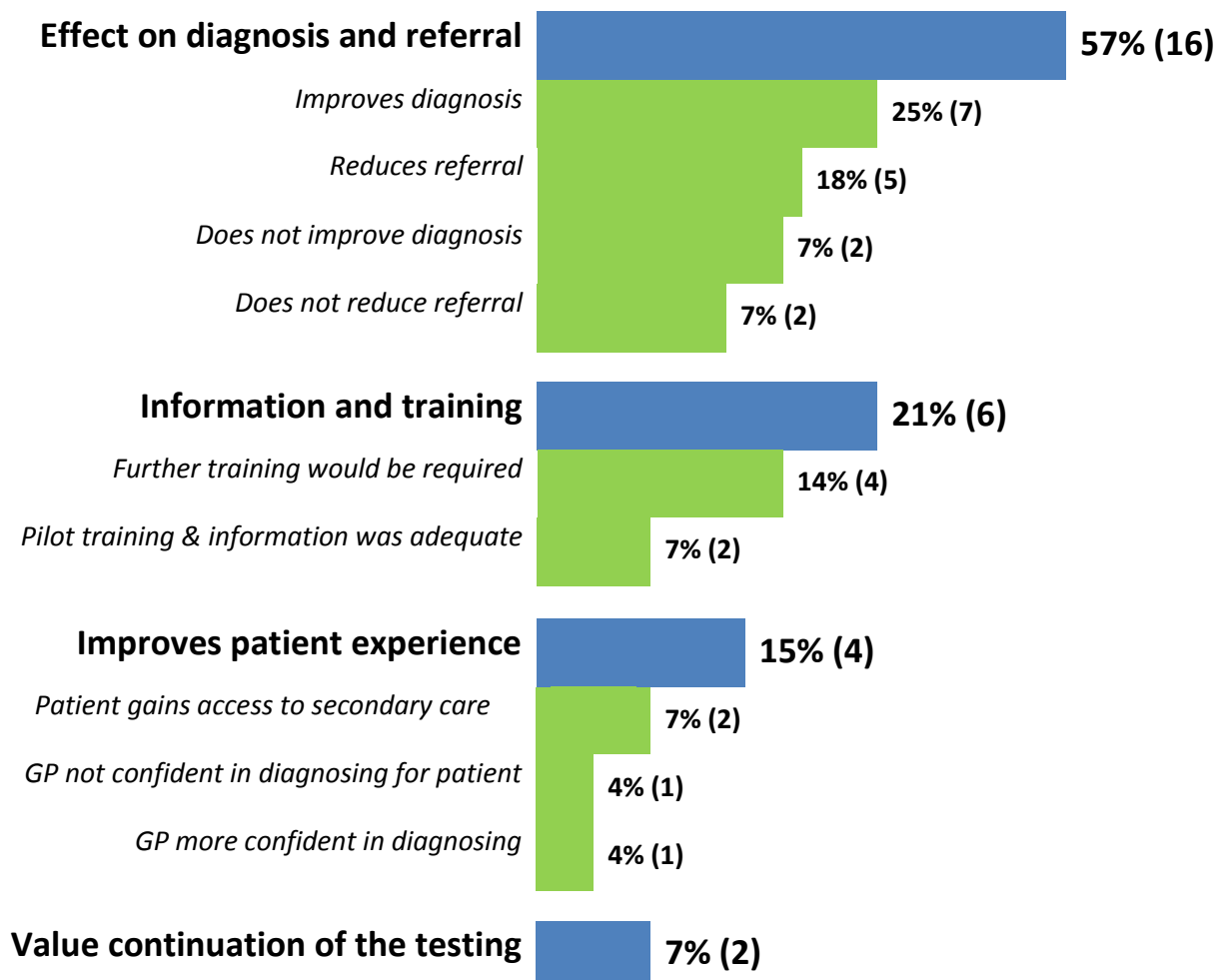
Full results of survey questions

This report presents the main results for each question of the “*Audit of guidelines for the use of faecal calprotectin in Primary Care*” survey that was based on 5 GP practices. The feedback is split into two sections:

- Feedback on the effect of the test during the audit;
- Feedback on the future use of the test post-audit.

Each question number is indicated in brackets next to the relevant feedback e.g. Question 1 = (Q1). The responses to the open ended question (Q9) have been summarised and quoted in the relevant area of themed feedback. The themes are shown in order of number of comments in the chart below:

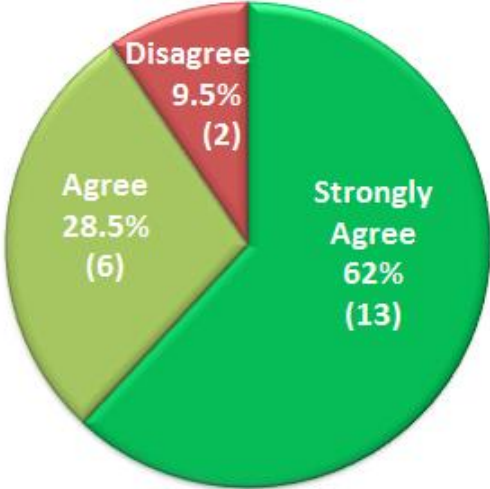
A total of 28 individual comments make up the main themes (blue) and the sub themes (green)



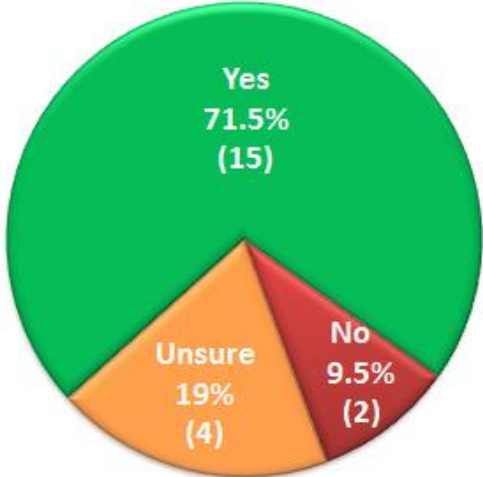
Section 1 - Feedback on effect of the test during the audit

There were 21 respondents who answered every question and the percentages shown are all out of 21.

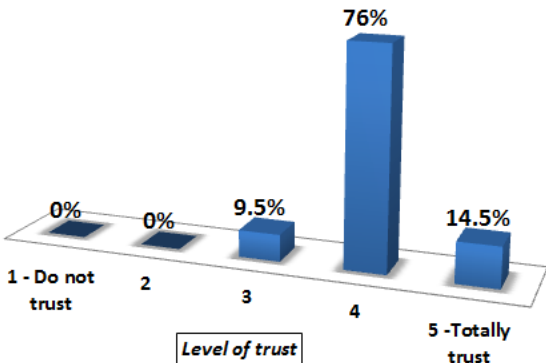
90.5% (19) strongly agreed/agreed that the testing had been useful in making their clinical decision (Q2).



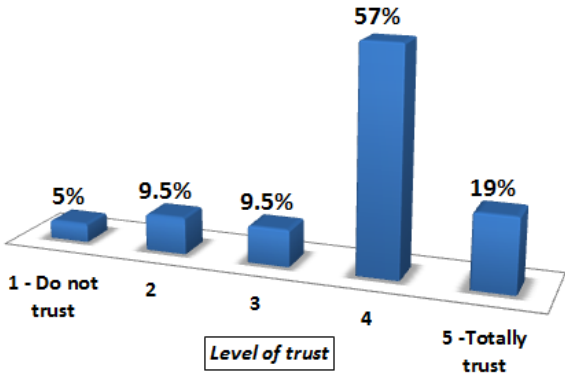
71.5% (15) indicated that a negative result would prevent the need for a referral (Q7).



100% (21) scored their trust in the test between 3-5 and **14.5% (3)** totally trusted the test (Q3).



85.5% (18) scored their trust in a raised result between 3-5 and **19% (4)** totally trusted a raised test result. (Q4).



Although the majority indicated trust of the test, there was less trust in a raised result than in the test overall.

Effect of the test on the diagnosis

The test was thought to be effective to distinguish between Irritable Bowel Syndrome (IBS) and Irritable Bowel Disease (IBD) in addition to the existing tests available to GPs.

“It has been really useful to have a clear set of guidelines for investigating and managing patients with symptoms which would suggest IBS being the most likely diagnosis.”

“I found it a very useful part of feeling confident to exclude borderline cases where uncertain if could be inflammatory bowel disease or irritable bowel disease.”

Effect of the test on referral for further tests

Most GPs thought that the test reduced the likelihood of referring patients for further tests and thus enhancing GP confidence and patient experience (see below). However, some were mindful that grey areas and negative results may still generate referral to investigate symptoms.

“Would sometimes refer someone with normal faecal calprotectin but a normal result makes me less likely to refer.”

“I think having the faecal calprotectin as an option in the appropriate patients is useful for GP's and may prevent referrals. However, a negative result may still require a referral depending on patient symptoms/progress when reviewed.”

Effects of the test on patient experience and referral to secondary care

Respondents thought that they were more confident in and patients more willing to accept a diagnosis, enhancing their patient experience. Their experience was also thought to be better by being able to refer them for supportive treatment rather than tests.

“Clear cut sx patterns are easy , it is the grey areas that this helped me , so gave me more confidence not to refer in for investigations if irritable bowel, unless severe sx that needed input from your dietician or specialist nurse mx advice services.”

“It has been a luxury to know that those entered into the audit whose symptoms were not settling had privileged access to secondary care however.”

“It also helps a great deal when reassuring and educating patients who are otherwise opposed to a diagnosis of IBS.”

However, one respondent highlighted that the test does not remove the uncertainty and patient anxiety that comes with the differential between IBS and cancer.

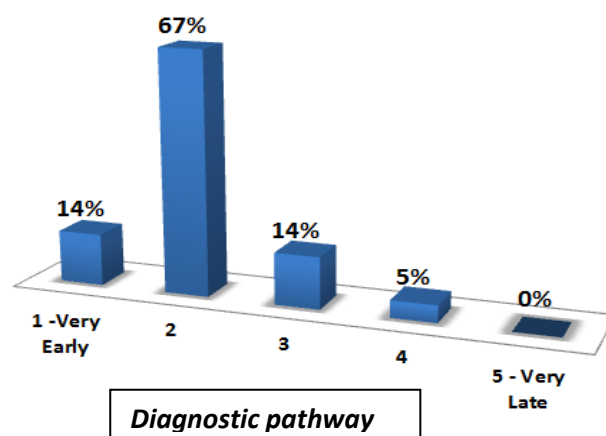
“No problems with negative but a bit like D dimers in that it helps reassure when serious disease is unlikely, but if positive, it creates anxiety and doesn't seem to be very specific. I encourage the "over investigators" to over investigate, too much grey to be relied on for reducing referrals and may well increase them. The main differential in my working life is IBS and cancer not IBS and IBD so doesn't really help in that respect.”

Section 2 - Feedback on the future use of the test, post-audit

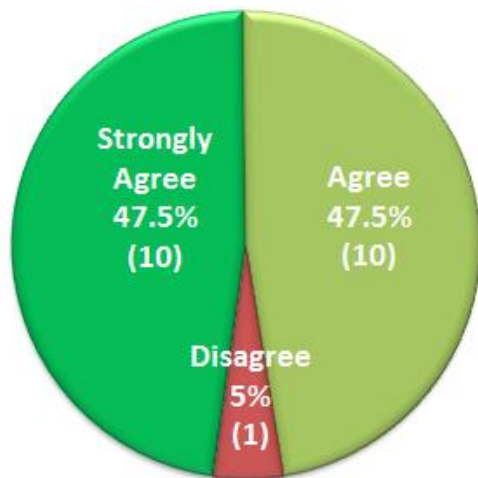
86% (18) indicated that they would choose to continue to use testing after the audit; the remaining 3 were unsure (Q5). Two direct comments were made to indicate that GP's wanted to continue using the test, in addition to the perceived benefits highlighted above.

The following results inform how the GPs feedback about how the testing should be implemented post-audit.

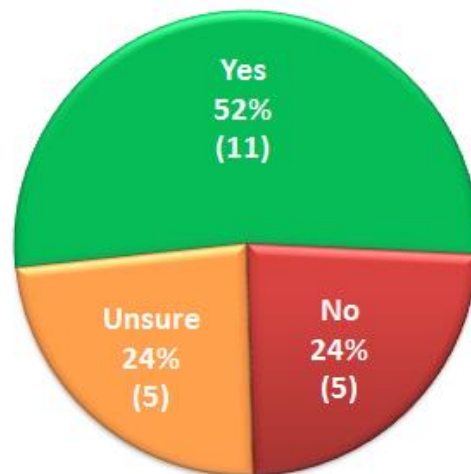
95% (20) thought that the test would best sit in the early to middle stages of their diagnostic pathway (Q6).



95% (20) strongly agreed/agreed that the guidance information for the use of the testing was adequate (Q1).



52% (11) strongly agreed/agreed that the guidance information for the use of the testing was adequate (Q1).



Effectiveness of the information and training provided prior to the pilot and suggestions if the tests are to be implemented

The pre-information was valued and some were mindful that this and further training would be useful if the test was to be implemented to ensure effective use of the tests.

Pre-pilot information

“The presentation from Dr Turvill explaining the audit and the role of faecal calprotectin was very helpful. “

“I think we were trained but GPs generally are not well trained as yet in this area.”

Suggestions for information and training, if implemented

“If this is rolled out across the CCG/ nationally, then education would need to be provided to ensure the test is used appropriately and the results understood.”

“A shared care protocol as per this study would work well in primary care.”

“Please could we have a reminder of the pros and cons of the test, and a copy of the guidelines and exactly where it fits in?”