

## What's it like for the health professionals?

It's not just patients who have benefitted from the introduction of faecal calprotectin testing.

Rachel Campbell, IBD Nurse at Stepping Hill Hospital, Stockport NHS Foundation Trust has seen the impact of introducing calprotectin testing in primary care and how it has improved the referral pathway for those patients requiring further interventions for IBD.



"Since we introduced the new referral pathway, with rapid access IBD nurse triage, we've seen a significant reduction in referral to treatment time from over 30 weeks to 8-10 weeks. This has been so positive for patients and for me as a healthcare professional. This rapid access service has extended my skills and knowledge so I can offer my patients even better care. It's also helped us to diagnose and manage Microscopic Colitis and even some bowel cancers that were not picked up through the two-week cancer pathway, so there have been benefits all round."

## Conclusion/Further info

[The NHS Business Services Authority \(NHSBSA\)](#) has worked closely with NHS England, Crohn's & Colitis UK and Yorkshire and Humber Academic Health Science Network to promote the spread and adoption of faecal calprotectin testing in primary care. NHSBSA also developed a model for health planners to monitor and measure the benefits of implementing the testing as well as the development of a wide range of supporting information such as case studies and implementation guides for GPs and commissioners. Faecal calprotectin testing is currently being rolled out across the UK.



**YORKSHIRE & HUMBER**  
ACADEMIC HEALTH SCIENCE NETWORK

For more information on faecal calprotectin testing please visit:  
[Yorkshire & Humber Academic Health Science Network](#)



Information for healthcare professionals and support for patients can be found at: [Crohn's & Colitis UK](#)

## Calprotectin testing

*- helping to achieve a fast and accurate diagnosis for Inflammatory Bowel Disease*

Inflammatory Bowel Disease (IBD) and Irritable Bowel Syndrome (IBS) are two conditions of the gut. Many of the symptoms are similar, making them difficult to diagnose and treat, leading to unnecessary referrals for often invasive medical procedures such as colonoscopies.

A test is available which helps doctors to simply and accurately distinguish between patients with IBS and patients with IBD (also known as Crohn's and Colitis). This is called faecal calprotectin testing.

Calprotectin is a protein released from white blood cells into the intestines when there is inflammation. Raised levels of calprotectin in faeces (stool/poo) can indicate IBD and can speed up diagnosis and treatment for these serious conditions. Faecal calprotectin testing should be carried out after all other relevant GP assessments have taken place and at the point where the GP would normally refer to secondary care.

Crohn's & Colitis UK and the Royal College of General Practitioners have produced a toolkit offering evidence-based top tips on identifying and supporting patients with Crohn's and Colitis at [www.rcgp.org.uk/libd](http://www.rcgp.org.uk/libd).



RCGP and Crohn's & Colitis UK IBD Clinical Champion Dr Kevin Barrett RCGP; GP Commissioning Lead and Chair for the Primary Care Society for Gastroenterology supports the need for faecal calprotectin testing.

"I know that it can be difficult for GPs when someone comes to see them with symptoms that could suggest a number of different conditions. I think greater use of faecal calprotectin testing as part of the NICE recommended referral pathway (NICE Diagnostics Guidance 11), alongside the GP toolkit, will really support GPs in helping their patients get the treatment they need much sooner."

## How do IBD and IBS differ?

**Crohn's** and **Colitis**, the two forms of **Inflammatory Bowel Disease (IBD)** are lifelong, fluctuating conditions of the gut affecting over 300,000 people across the UK. 25% of those diagnosed every year are under 16 but IBD can affect anyone. IBD causes physical damage to the gut and common symptoms include:

- frequent and urgent diarrhoea, sometimes mixed with blood, mucus and pus
- abdominal pain
- extreme fatigue
- skin, eyes and joints can also be affected.

However Crohn's and Colitis don't just affect the gut. They can also impact other areas of life from mental health to work and education. Seeing a specialist and receiving treatment quickly can make a big difference to the lives and wellbeing of people with these conditions.

Jackie Glatter, Health Service Programme Manager at Crohn's & Colitis UK, said "Around half of those living with Crohn's or Colitis have waited more than a year for a diagnosis. This delay has a big impact both for the individual and for the NHS as the longer it takes to make a diagnosis; the more likely a patient is to require aggressive medical therapy or surgery. This pathway, if widely adopted, together with use of the GP toolkit at [www.rcgp.org.uk/ibd](http://www.rcgp.org.uk/ibd) should go a long way to improving this situation."

**Irritable Bowel Syndrome (IBS)** is a common condition which affects up to 20% of the UK population. Symptoms are similar to IBD, but there is no inflammation or blood loss. These include:

- stomach cramps
- bloating
- diarrhoea
- constipation

Whilst there's no cure, diet, lifestyle and some medicines can help control the condition and it can be self-managed without the need for hospital visits or stays.

## Two very different patient journeys

**Rachel, (28) shares her experience of a delayed diagnosis of IBD and how faecal calprotectin testing might have improved her journey.**



"I struggled to get a diagnosis when I first had symptoms of IBD 7 years ago and ended up having to argue my case for a referral to hospital with the lead GP at the surgery. This surgery did not use faecal calprotectin testing so I was only offered blood tests and a stool test to check for infection. I was repeatedly told it was IBS and the blood tests did not show raised inflammatory markers for me. If there had been this specialist testing, my journey to diagnosis could have been a lot shorter as I would have been referred straight to gastroenterology."

**Megan, (25) benefitted from faecal calprotectin testing in primary care and her experience was very different.**



"Having experienced symptoms on and off since I was 13, finally, at the age of 17, I plucked up the courage to raise these with my GP. Over the next few years, I was diagnosed with a whole range of things including a skin condition and allergies. Finally, a brilliant GP identified that it might be Crohn's or Colitis and requested a faecal calprotectin test which showed that my inflammatory markers were raised to over 1,000. After that, everything moved very quickly starting with a visit to an IBD nurse specialist who really understood and organised further tests. Within a month, I had a correct diagnosis of Colitis and, a year later, am really pleased to be in remission and getting on with my life."