**FAQs**

* **What is the primary care diagnostic pathway of lower GI conditions for, and who is it aimed at?**

Delayed diagnosis of lower gastrointestinal (GI) conditions has a significant impact on both patients and the NHS.

Charities supporting people with lower GI symptoms have ongoing concerns, supported by evidence, that delayed diagnosis continues to impact on the people they represent.

Whilst there are many individual pathways and guidance materials aimed at specific diseases, these often are not helpful for a patient presenting with symptoms, rather than a diagnosed condition, and it can be unhelpful for the first contact healthcare practitioner to need to refer to many separate documents.

There is now broad agreement that to make a real impact going forward, a nationally agreed pathway for the diagnosis of people presenting with lower GI symptoms is needed. Lower GI charities working in partnership with healthcare professional organisations and patients have come together to develop this pathway in the UK.

The pathway is for all primary care healthcare professionals and the healthcare systems across the four nations. It aims to support decision-making in primary care, enabling the clinical judgement necessary to balance a rapid diagnosis with the need to avoid testing everyone for everything. Its primary purpose is to provide a pathway that supports early diagnosis, whilst also being an educational resource which signposts to resources to help primary care healthcare professionals better support patients with their GI symptoms during and after diagnosis.

Public-facing versions of the pathways were also produced, alongside the healthcare professional pathway. These versions are aimed at people experiencing lower GI symptoms, informing them of what their diagnostic journey could and should look like. They are designed to help prepare people for their appointments, empowering them with the knowledge to advocate for their care.

* **Who has been involved in developing the pathways?**

**Charities and organisations**

The Association of Coloproctology of Great Britain & Ireland

British Society of Gastroenterology (BSG)

British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN)

Coeliac UK

Crohn's & Colitis UK

Crohn's in Childhood Research Association (CICRA)

Guts UK

IBS Network

**Steering Group**

Hilary Croft - CEO of Coeliac UK

Dr Keith Lindley - Consultant and Honorary Reader in Paediatric Gastroenterology

Dr Charles Maxwell-Armstrong - Consultant Colorectal and General Surgeon

Alison Reid - CEO of IBS Network

Sarah Sleet - CEO of Crohn's & Colitis UK

Julie Thompson - Information Manager for Guts UK

Heidi Urwin - Director of Evidence and Policy for Coeliac UK

Dr Andrew Veitch - President of British Society of Gastroenterology

**Task and Finish Group**

Dr Sarah Alderson - GP

Dr Ian Arnott - Consultant Gastroenterologist in Scotland

Debra Attwood (co-chair) - Lived experience of Ulcerative Colitis

Pearl Avery - IBD Nurse Specialist

Mr Sas Banerjee - Consultant Colorectal Surgeon

Grace Brownfield - Lived experience of Coeliac Disease

Dr Shahida Din (co-chair) - Consultant Gastroenterologist in Scotland

Dr Barney Hawthorne - IBD Lead in Wales

Tor Maxted - Lived experience of IBS

Dr Andrew Murdock - Consultant Gastroenterologist in Northern Ireland

Dr Astor Rodrigues - Paediatric Consultant Gastroenterolgist

Dr Christian Selinger - Consultant Gastroenterologist

Dr Leena Sinha - Chair of BSG small bowel and nutrition group

Dr Neal Tucker - GP

Prof James Turvill - Consultant Gastroenterologist, York and Scarborough Teaching Hospitals NHS FT

Dr Jeremy Woodward - Member of BSG small bowel and nutrition group

* **Are the pathways applicable across the UK?**

Yes – the pathways were designed to be suitable for all four UK nations. Healthcare professionals from across all UK nations helped to shape the pathway, both from within the Task and Finish Group and externally during consultation. Where local guidance differs, external links have been provided in the pathway, signposting to the appropriate sections of the NHS Scotland, NHS Wales, NHS England, and HSCNI websites.

* **Who do I contact if I want to provide feedback on the pathway?**

If you wish to prove feedback on the pathways, please contact [healthservices@crohnsandcolitis.org.uk](mailto:healthservices@crohnsandcolitis.org.uk).

* **How often will the pathway be reviewed?**

The pathways will be reviewed and updated every three years. Crucial updates will be made sooner, in line with any changes to national guidance and clinical pathways.

* **How can I use the healthcare professional-facing pathways?**

The pathway is symptom-led, beginning with common symptoms of lower GI conditions, with red flag cancer symptoms highlighted near the top, signposting to local cancer pathways for the four UK nations. Moving down, the pathway guides the user towards considering whether the patient should be assessed for IBD, Coeliac disease, or IBS, based on personal history and potential distinguishing symptoms.

Based on history and appropriate clinical examination, the second page of the pathway can then be used to aid decision-making on which primary care lower GI investigations are needed to support the clinical assessment of your patient. This includes a list of baseline blood tests and stool tests, with guidance on what next steps to take based on results. The pathway concludes with a ‘Safety Netting’ box, with further considerations to make if symptoms persist or change.

* **How were the healthcare professional-facing pathways developed?**

The primary care diagnostic pathways for lower GI conditions were co-developed in partnership with lower GI charities, healthcare professional organisations, and people with lived experience of lower GI conditions. The project was overseen by a Steering Group, comprised of senior representatives from the charities and healthcare professional organisations, while creation of the pathway was led by a Task and Finish Group. Within the Task & Finish Group, there was broad representation from healthcare professionals across primary and secondary care, from all four UK nations, as well as people with lived experience of Coeliac, IBS, and IBD.

Following initial development of the pathway by the Task and Finish Group, a draft was sent out for consultation, receiving a large number of responses from primary care and secondary care. This feedback was then collated and discussed in detail by the Task and Finish Group in order to create the final pathway, which was approved by the Steering Group member charities and professional organisations.

* **How can I use the public-facing pathways?**

On the first page, the public-facing pathways begin with a list of common lower GI symptoms you may be experiencing. Moving down the page, they then direct you towards what your GP might ask or think about when examining you. This includes questions like how long you have been experiencing symptoms, as well as possible diagnoses they may wish to investigate, based on your symptoms and history. Information on common lower GI conditions, such as Coeliac, IBS, and IBD are all included on this page.

The second page focuses on what investigations your GP may want to do, after discussing your symptoms and examining you. This includes information on blood tests and stool tests and what they may be looking for. You can use this page to find out more about what might happen after your tests, based on your symptoms and the results of investigations.

* **How were the public-facing pathways developed?**

The public-facing diagnostic pathways for lower GI conditions were co-developed in partnership with lower GI charities, healthcare professional organisations, and people with lived experience of lower GI conditions. Following the development of the healthcare professional-facing pathways by the Task & Finish Group, a sub-group was formed to develop the public-facing pathways and supporting information. This group was comprised of healthcare professionals, representatives from the lower GI charities, and people with lived experience of Coeliac, IBS, and IBD.

Using the healthcare professional-facing pathways as a basis, an initial draft of the public-facing pathways was produced. These were then sent to reader groups, made up of people with lived experience of lower GI conditions, to review the content and accessibility of the pathways. Comments were discussed and incorporated by the project group to create the final pathways, which were approved by the Task & Finish Group and Steering Group.

* **Where can people with lower GI symptoms, or people diagnosed with lower GI conditions, go for more information and support?**

For information on what your diagnostic journey might look like, you can access our [Supporting Information for Adults](https://www.whatsupwithmygut.org.uk/patient). It includes information on lower GI symptoms and conditions, what could happen at your GP appointment, possible tests and investigations, and links to other useful resources.

Following your diagnosis, if you are seeking further support, you can visit the appropriate charity website for your respective condition. You’ll be able to access services such as: helplines, local networks, and reliable information and guides on living with your lower GI condition.

[Coeliac UK](https://www.coeliac.org.uk/home/)

[Crohn's & Colitis UK](https://crohnsandcolitis.org.uk/)

[Crohn's in Childhood Research Association (CICRA)](https://www.cicra.org/)

[IBS Network](https://www.theibsnetwork.org/)