Tillotts LOGIC

IBD STARS

SUPPORT, TRAINING AND RECOGNISING SUCCESS

Richard Driscoll Award Finalist 2024

Streamlining IBD Diagnosis: Reducing Patient Waiting Times through Collaborative Pathways

Rachel Campbell
Advanced Clinical Practitioner

Callula Nulty
Advanced Clinical Practitioner IBD

Stepping Hill Hospital

INTRODUCTION

We identified that patients referred on the colorectal two-week wait pathway, following a positive FIT test, who were not diagnosed with cancer but with IBD, were being referred to gastroenterology on the general referral pathway and waiting up to 38 weeks to be seen with a new diagnosis.

The colorectal ACP and I developed a direct pathway, reducing the wait time to around 8 weeks. We started the pathway as a trial in September 2023, presented our data outcomes at the trust audit meeting, and the pathway continues.

METHODOLOGY

Data was collected from September 2023 to March 2024. The colorectal team and ACP Callula on switch off from the two-week-wait pathway, referred patients following the pathway criteria to the gastro ACP. We used Excel, patient centre, and face-to-face meetings. We enlisted the local audit department and used our quarterly service review to disseminate the findings to both teams. It was a joint partnership initiative between ACPs, with the backing of the colorectal surgeons and the business manager. Benchmarking this pathway locally was difficult due to the lack of local comparisons.

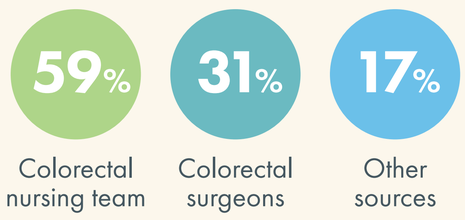
RESULTS AND ANTICIPATED BENEFITS

We trialled the pathway for six months, initially triaging patients and collating data on 58 eligible two-week-wait switch-offs. Of these, 88% were diagnosed with inflammatory bowel disease or microscopic colitis. The remaining 12% had no diagnosis but were forwarded for further investigations under gastroenterology.

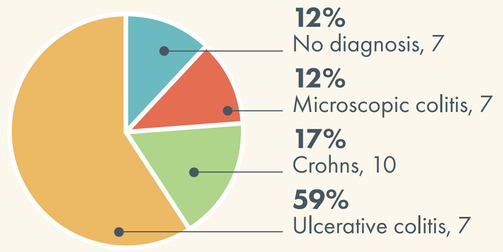
- **Timeliness:** 69% (40/58) were seen within eight weeks of referral. The remaining patients either cancelled or rescheduled their appointments, but all were seen for follow-up
- **Cost Savings:** The ACP clinic cost £5,853, compared to a potential £45,000 for possible ED and GP visits due to waiting for a consultant review
- **Timeliness of Diagnosis:** 40 out of 58 patients were seen within eight weeks of diagnosis; the remaining patients had rescheduled their appointments

RESULTS AND ANTICIPATED BENEFITS (contd)

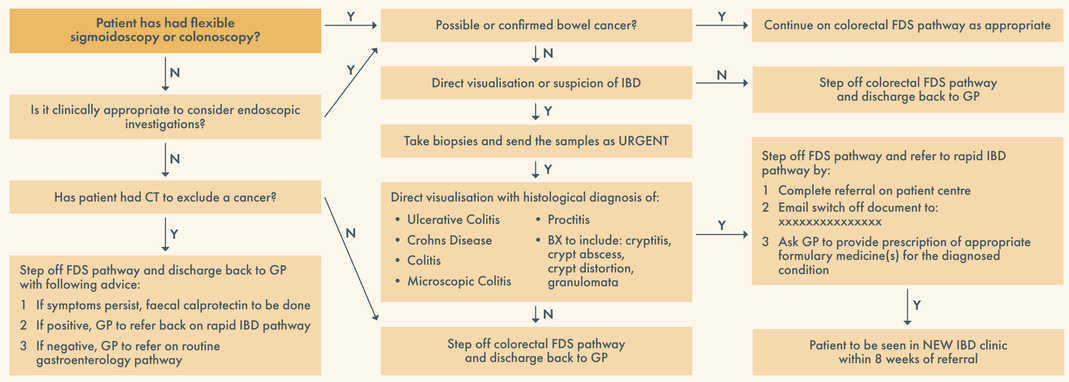
Referral sources for IBD patients

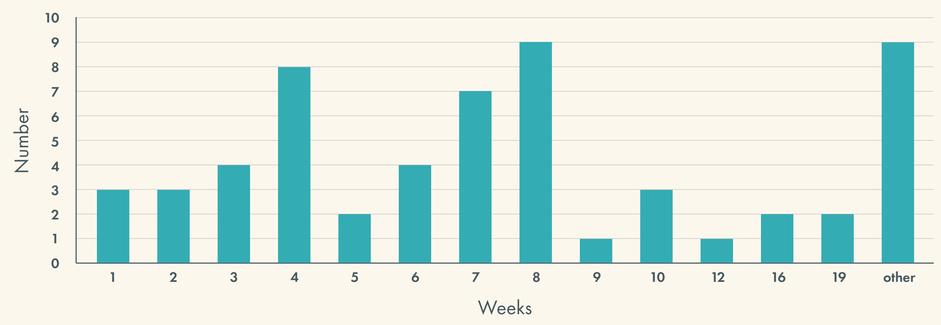


Distribution of IBD diagnosis following biopsies



Colorectal switch off pathway





EVALUATION

The proposed pathway demonstrated its value, particularly for newly diagnosed IBD or microscopic colitis patients, by enhancing their overall experience. It also fostered cohesiveness between the two clinical teams. For future development, the pathway will be integrated into he hospital's patient centre system for ease of use by the colorectal switch-off team.

Findings are currently being written up for publication, the pathway discussed in local meetings, and positive patient feedback with the clinic now having had over 150 referrals. Challenges were capacity to begin with, but the clinic template was expanded in response.

Reference: Farkas N et al (2023) The increasing burden of the 2 week wait colorectal cancer pathway in a single centre: the impact of faecal immunochemical tests. Royal College of Surgeons, England 106, 338-343. NICE (NG12) Suspected cancer : recognition and referral.

March 2026 | PM-TP-IE-000034

This meeting is organised and funded by Tillotts Pharma UK and Ireland. The views and opinions expressed herein are those of the authors and do not necessarily reflect the views and opinions of Tillotts. This content is intended for UK and Ireland Healthcare Professionals only.

TILLOTTS LOGIC EDUCATION

ZERIA GROUP TILLOTTS PHARMA

GI-health is our passion™