

Irritable Bowel Syndrome Diagnostic Colonoscopy/Flexible Sigmoidoscopy

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Calprotectin is a protein biomarker which is used in the differentiation of inflammatory bowel disease (IBD) from irritable bowel syndrome (IBS). This test supports the differentiation of those with IBS, who can be managed in primary care, and facilitates appropriate referral to secondary care of patients with IBD.

This policy does not cover those patients with the following red flag symptoms, who should be referred via a 2 week wait referral.

- Unintentional weight loss
- Family history of bowel or ovarian cancer
- Age >60 and a change in bowel habits lasting >6weeks
- Symptoms suggestive of ovarian pathology

Requests for endoscopy to diagnose IBS will not be funded unless the below process has been followed and evidenced in the Individual Prior Approval application and referral.

Patients presenting with the following symptoms / results should be offered a calprotectin test:

- Abdominal pain relieved by defecation
- Altered bowel frequency or consistency
- Symptoms for at least 6months
- No red flag symptoms
- Normal examination and blood tests



Patients can only be referred for funding if they meet <u>TWO</u> of the sets of criteria below (A & B <u>OR</u> A & C). Please indicate which of the criteria the patient meets:		Please Tick ✓
A	<ul style="list-style-type: none"> Patient has the above symptoms (see page 1 of form). 	
AND		
B	<ul style="list-style-type: none"> 1st calprotectin test level >75 ug/g. 	
OR		
C	<ul style="list-style-type: none"> 1st calprotectin test level 30-75 ug/g then a repeat test in 4 weeks showing a calprotectin level of >30 ug/g. 	

Patients with calprotectin levels <30ug/g should be managed as IBS patients in primary care.

Patients with calprotectin levels between 30-75ug/g should have a repeat test in 4 weeks. If the repeat test shows a calprotectin level of <30ug/g, the patient should be managed, as an IBS patient, in the primary care setting.

If the first test shows calprotectin level >75ug/g, or if the repeat test shows levels >30ug/g the patient should be referred to secondary care for inflammatory bowel disease.

Please supply information clearly evidencing the selected criteria above

--

CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined?		Name of Clinician	
Please indicate:			
Name		Contact number	
Signature		Date	
Date			