

Faecal Calprotectin Testing in Primary Care




– GPs' Guide to Implementation

A new NICE-recommended national care pathway to help clinicians to simply and accurately distinguish between patients with Irritable Bowel Syndrome (IBS) and patients with Inflammatory Bowel Disease (IBD) has been developed.

The new pathway encourages GPs to use faecal calprotectin testing as a decision diagnostic. Evidence suggests that implementing a faecal calprotectin test in primary care reduces diagnostic uncertainty for patients as well as the number of unnecessary hospital referrals for further invasive and unpleasant diagnostic treatment, and the complications that can arise from this.

We have spoken to GPs and they have shared the benefits that can be achieved along with hints and tips to support the implementation of the new pathway.

Benefits of Implementation

Patients	GPs	CCGs
		
<p>Improvement of patient experience leading to greater confidence in their diagnosis.</p> <p>Quicker diagnosis and treatment decisions will help early identification of serious conditions.</p> <p>Integration of pathways to ensure that patients are seen in the right place, by the right person, at the right time.</p>	<p>Reduction in the number of GP referrals to secondary specialist care.</p> <p>May result in reduced waiting times for secondary care procedures.</p> <p>Gives clinicians more confidence in diagnosis without the need for secondary care intervention.</p> <p>Guidance will provide clinicians with a mechanism to guide the management and referral of patients.</p>	<p>Improved value for money resulting in financial savings.</p> <p>Reduction in unnecessary referrals will mean a reduction in number of patients attending outpatient appointments prior to procedures.</p>

Guidance on Engagement and Implementation

- A clinical champion is key to drive implementation within the practice.
- Early and regular engagement with and education of stakeholders (i.e Clinical Strategies Group / patients / consultants / pathology lab) is vital for successful implementation.
- Engagement with the local CCG and AHSN network is essential in supporting implementation and roll-out.
- Access supporting materials and support via your local AHSN and NHSBSA Pacific team.

Guidance on Post-Implementation Support

- Ensuring GPs have confidence in the pathway instils patient confidence in their diagnosis.
- Encourage peer support - clinician to clinician meetings to help answer any questions.
- Use clinical systems (i.e EMIS) to help develop understanding of the pathway and how it is implemented.

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