



Community Gastroenterology

Referral Guidelines and Information for GPs

Introduction

Prime Endoscopy Bristol was established in 2010 to provide diagnostic endoscopy services and gastroenterology clinics in a community setting.

We know that patients like being treated in a community setting and being treated holistically. We are also aware that GPs appreciate a 'one stop' service that includes a management plan for the patient on discharge.

Opening hours: Monday to Friday 08.00 - 18.00

Contact Details

Prime Endoscopy Bristol
Westbury on Trym Primary Care Centre
Westbury Hill
Westbury on Trym
Bristol BS9 3AA

Telephone: 0117 962 1365

Operations Director

Stuart Sedgwick-Taylor

Mobile: 07775 420019

Administration Team

Rachel Jordan; Stacey Flower; Tracey Cooper; Elaine Bennett

Senior Nurses

Fran Sherman; Lois Penketh-King

Endoscopists

Dr Mike Cohen - mobile: 07778 313141

Dr John Entrican

Dr Richard Spence

Dr Jon Shufflebotham

Karen Holbrook

GPwSI Clinic

Dr Michael Sproat

Services offered

Direct access via choose and book for patients over 18 years.

- Community Gastroenterology Clinics
New patients are booked at 30 minute intervals. Follow up patients at 15 minutes. The emphasis is on a one stop referral, either discharging to the GP with a management plan or proceeding to endoscopy if clinically indicated.

Exclusions – liver or pancreatic disease.

- Transnasal endoscopy
We are using fine bore endoscopes which can be passed with local anaesthetic via the nose into the upper GI tract. We can take biopsies including duodenal biopsies for coeliac disease diagnosis
- Gastroscopy
Via the oral route if patients prefer this route or transnasal route is not possible
- Flexible Sigmoidoscopy
This allows inspection of the left side of the colon. This test does not require sedation but patients may elect to have this. We offer nitrous oxide which facilitates rapid short-acting analgesia to make the procedure more comfortable.
Patients are given oral bowel prep with Citramag and senna.
Flexible sigmoidoscopy is the preferred procedure for patients with bright rectal bleeding. Although one is just examining the left side of the colon much useful clinical information may be obtained and the procedure only takes a few minutes.
- Colonoscopy
One can inspect the entire colon with this procedure. Patients almost always require intravenous analgesia and sedation (either pethidine or fentanyl with midazolam).
Bowel preparation is usually moviprep.

For colonoscopy in the community patients must be: -

- Able to tolerate the bowel preparation which can be quite severe. **Beware renal impairment.**
- Reasonably fit to tolerate the sedation - **beware significant cardio-respiratory disease**
- **Relatively mobile** - during colonoscopy patients turn several times to facilitate onward movement of the scope

Guidelines

We have developed guidelines for Dyspepsia, Gastro-oesophageal reflux disease, Irritable Bowel Syndrome and rectal bleeding using BSG and NICE guidelines. These are appended below.

How to make a referral

The service is on Choose and Book or the referral can be faxed to **0117 962 1404**.

Referrals are triaged by a doctor on a daily basis.

In order to ensure the patient is getting the right procedure it is vital we receive the relevant important information.

We are happy to speak to GPs at any time about queries regarding referrals. Contact details are as above.

Referral information needed

In addition to a referral letter with clinical details, a pre-referral diagnostic portfolio is often helpful. Clearly this will depend on the individual patient and available time-frame, but the following are suggestions that might help inform the opinion given, and speed up subsequent investigation:

Some Specific Clinical scenarios:

Diarrhoea and altered bowel habit	Full blood count, Viscosity or CRP U and E's, LFTs Endomysial and tissue transglutaminase antibodies Thyroid function Faecal Calprotectin (currently unavailable in South Bristol for GPs)
Ulcer-type dyspepsia	H.pylori status (faecal antigen) Full blood count, Viscosity or CRP U and E's, LFTs Endomysial and tissue transglutaminase antibodies
Reflux-type dyspepsia	Full blood count
Abdominal pain	Full blood count, ESR U and E's, LFTs C-reactive protein Endomysial and tissue transglutaminase antibodies Consider: abdominal ultrasound

1. We are happy to receive referrals either by letter or using our own referral forms.
2. Please attach a patient summary print out with all referrals.
3. Hp result is mandatory for all new cases of dyspepsia referred for gastroscopy.
4. Please include copies all recent relative blood tests and stool results
5. When patients are referred for colonoscopy with diarrhoea, constipation, change in bowel habit or anaemia it is vital you send us test results as above

The patient is being offered a one stop-service and the endoscopist needs to have all the relevant information at hand.

6. Copies of recent relevant endoscopy reports
 - **Patients often cross boundaries from secondary care to the community service and we need as much information as possible**

Reports

We use Scorpio reporting software (Ascribe) to generate reports. We can take digital images at endoscopy which allows us to photograph certain landmarks (e.g. the caecum) to confirm completion of a procedure, as well as take images of interesting or important findings

Communication with GP and patient

- A letter will be sent to the GP within a week of a patient being seen in the clinic.
- After the endoscopy a report will be immediately faxed to the GP and the patient will be given a copy.
- Histopathology specimens are sent to UHB by courier and results are returned to us usually within two weeks (within a week for suspected malignancy). An amended endoscopy report is sent to the GP when histopathology findings have been confirmed.
- We write to the patient and GP in the event of a follow up endoscopy being needed (e.g. polyp surveillance) and maintain a computerised recall system
- The patient is contacted by telephone if unexpected findings (such as malignancy) are found at histology. The patient is also offered a face to face appointment within one week if required.

MDT referral

We have established good links with the MDT at NBT and UHB.

If suspected malignancy is found at endoscopy the patient is informed sensitively, in the presence of a relative (if requested) that cancer may be suspected.

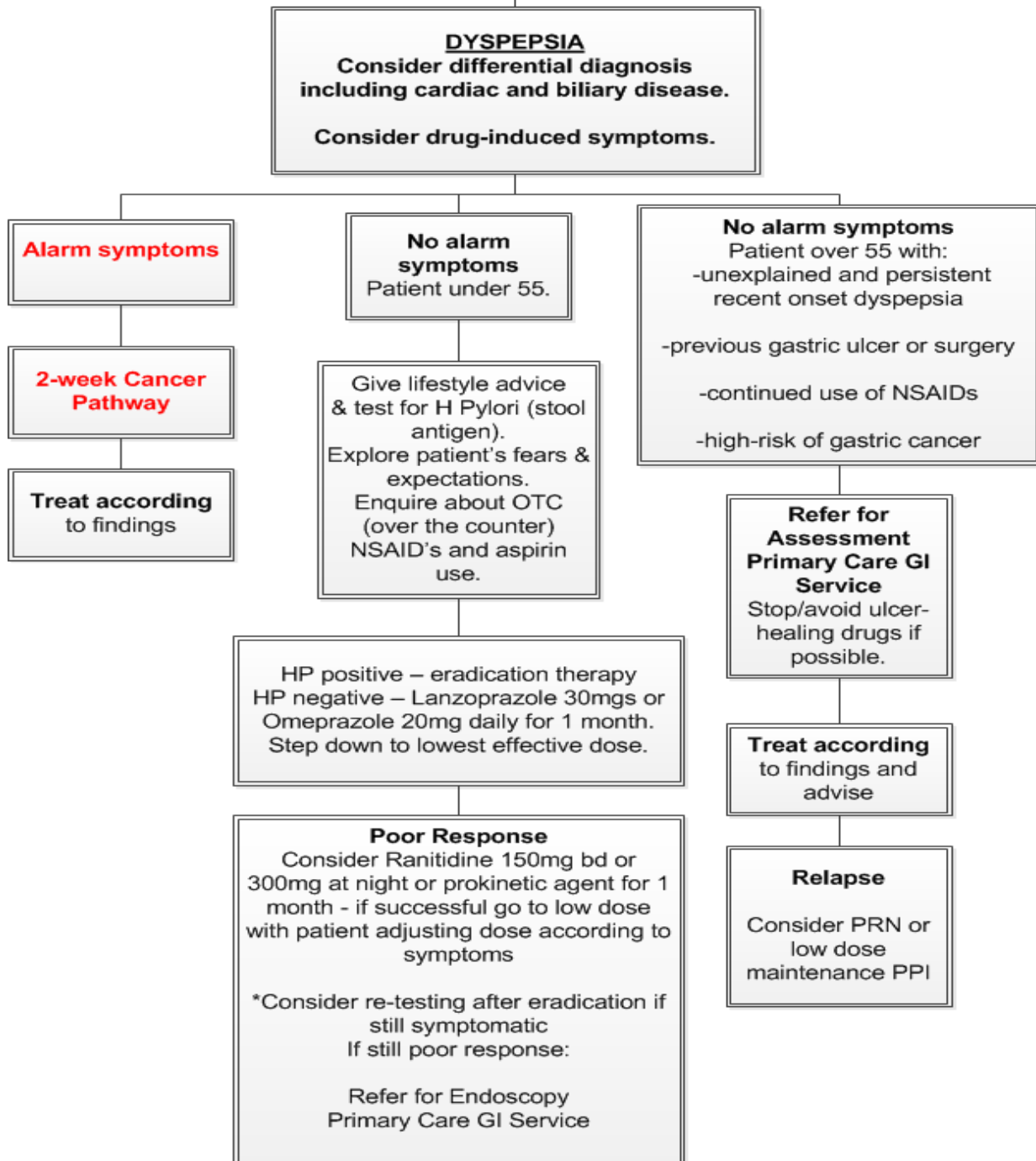
- The histology is sent urgently to UHB
- The report and photographs are sent to the MDT coordinator via an nhs.net email.
- Patients are given written information confirming this process.
- The patient's GP is informed by telephone of the possible findings, and also what the patient has been told.
- The patient is offered either a clinic or telephone appointment one week later to discuss the histology.

Conclusion

Community Gastroenterology offers GPs and patients a one stop service in a community environment. This enables hard-pressed hospitals to deal with more complex work.

Patients report that they value this service greatly and we hope it adds to the choice that is offered to them with respect to diagnostic endoscopy and outpatient clinics.

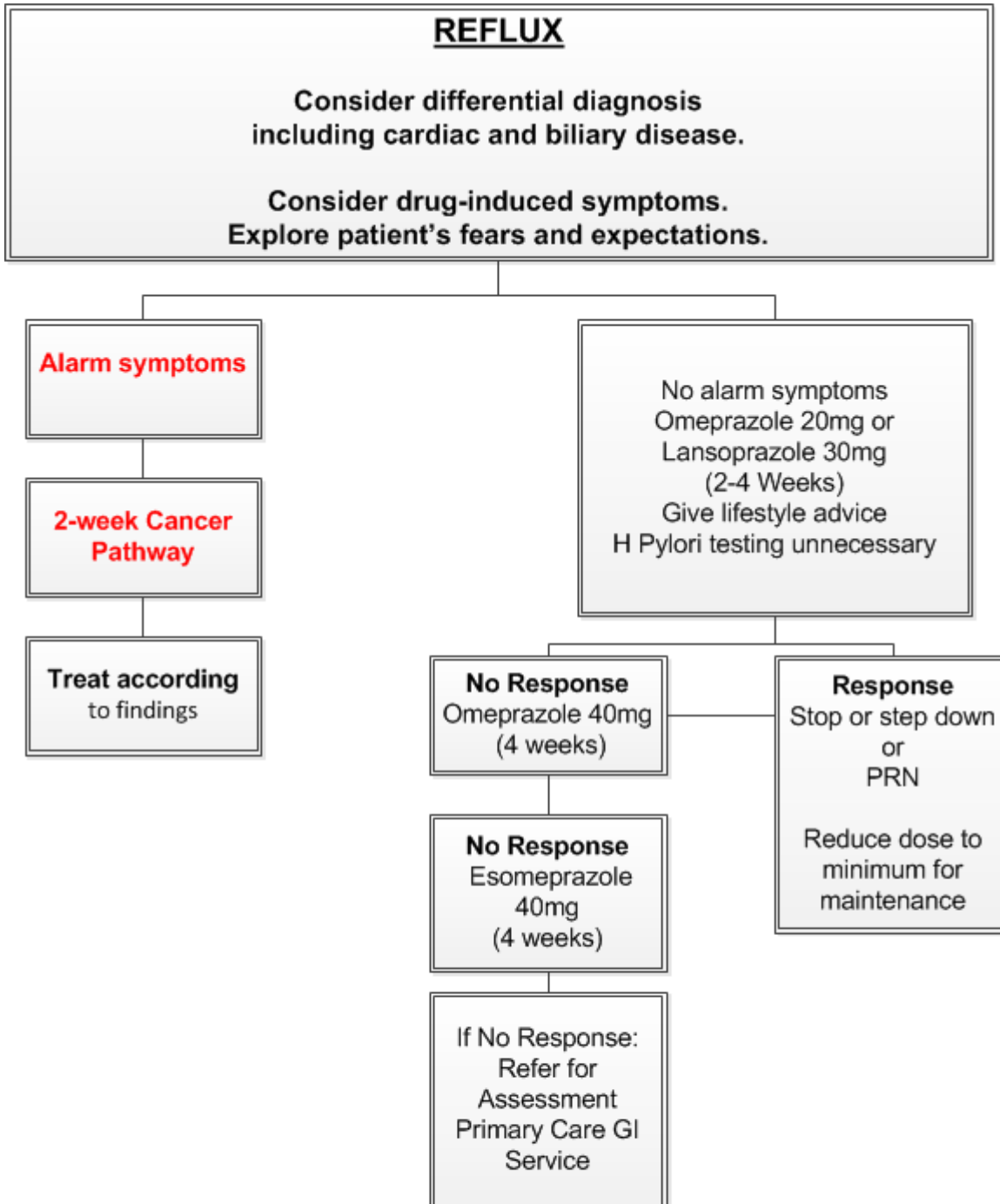
APPENDIX ONE: NHS BRISTOL PRIMARY CARE GASTROENTEROLOGY SERVICE
REFERRAL PATHWAYS –DYSPEPSIA AND REFLUX



Dyspepsia: predominantly epigastric pain related to meals.

Can include nausea, bloating and heartburn.

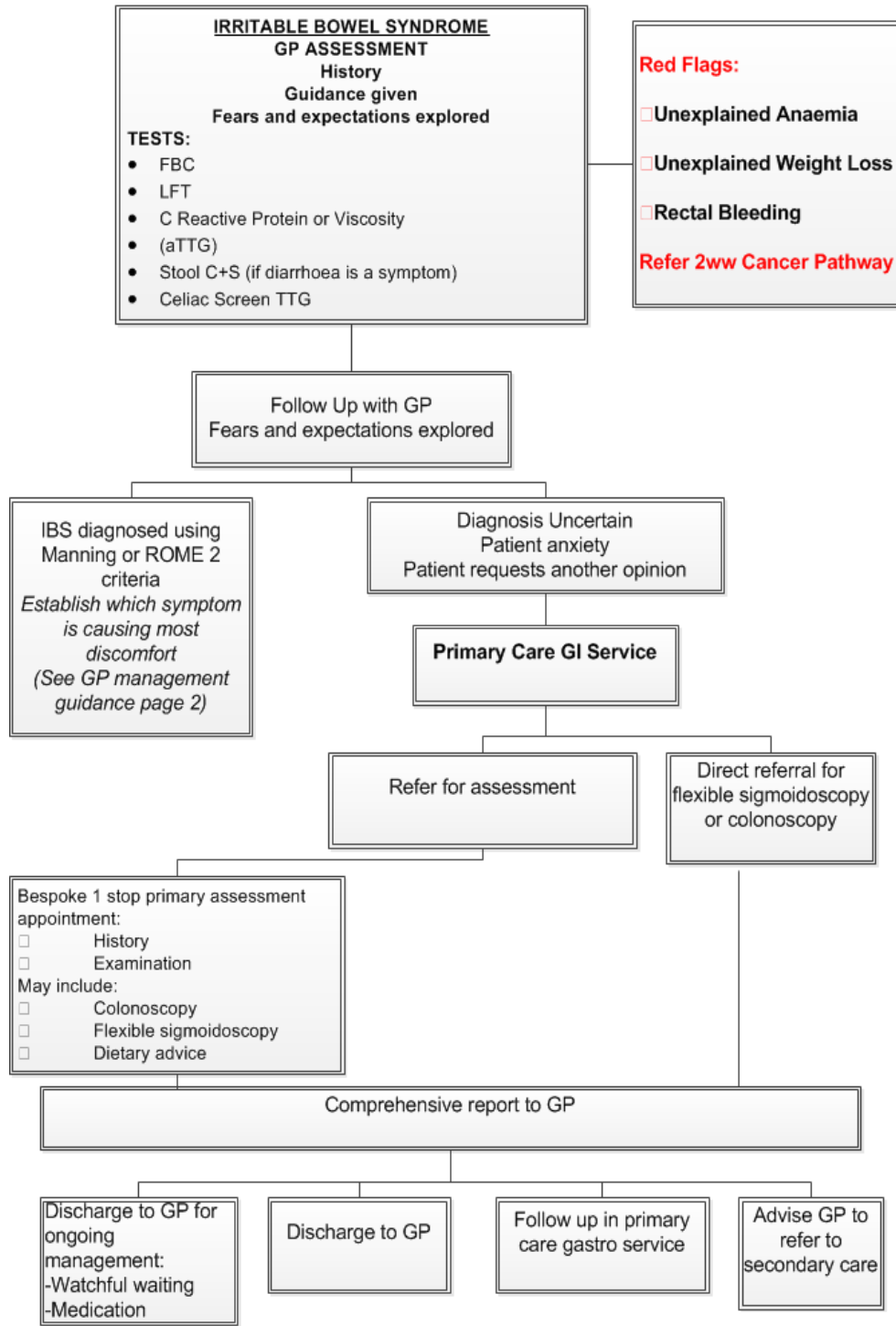
Alarm Symptoms: Unexplained Weight loss; persistent vomiting; iron deficiency anaemia; epigastric mass; progressive dysphagia.



GORD (Gastroesophageal reflux disease): predominantly heartburn and retrosternal pain. Commonly includes reflux of acid/sour contents into mouth and sometimes water brash.

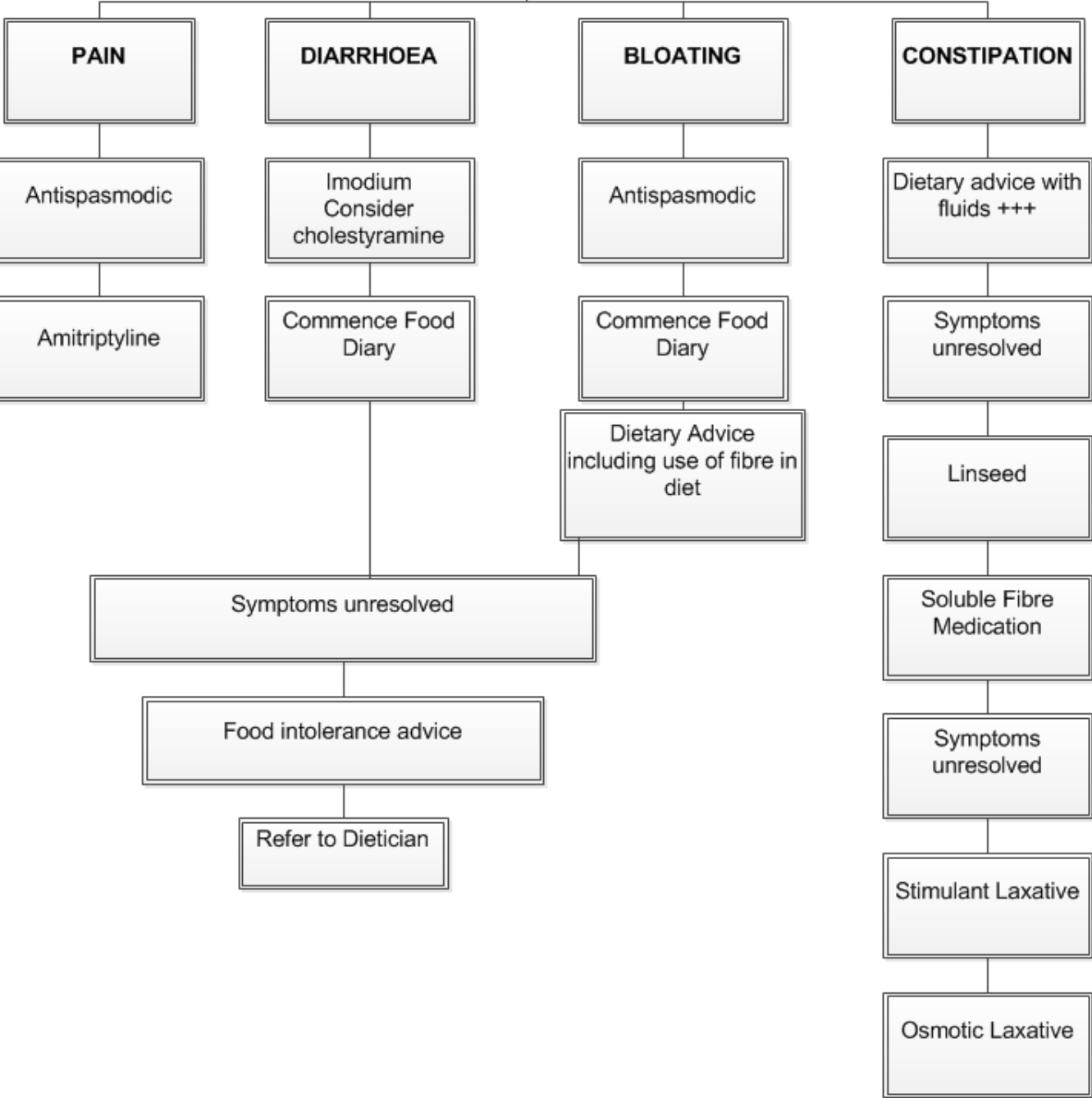
Alarm symptoms: progressive dysphagia; unexplained weight loss; persistent vomiting; iron deficiency anaemia; epigastric mass.

**APPENDIX TWO: NHS BRISTOL PRIMARY CARE GASTROENTEROLOGY SERVICE
PATHWAY –IRRITABLE BOWEL SYNDROME**



**NHS BRISTOL PRIMARY CARE GASTROENTEROLGY SERVICE
GP MANAGEMENT GUIDANCE –IRRITABLE BOWEL SYNDROME**

DOMINANT SYMPTOM



**APPENDIX THREE: NHS BRISTOL PRIMARY CARE GASTROENTEROLGY SERVICE
PATHWAY – RECTAL BLEEDING**

RECTAL BLEEDING
GP standard assessment including:
Rectal Examination
FBC (other blood tests if indicated)
Proctoscopy (if available)

- Bleeding bright red suggestive of rectal/anal cause
- Darker blood or blood mixed in stool may originate higher up the bowel
- Site of Bleeding not found
- Cause unclear
- Bloods test taken
- Does not fit cancer 2 WW criteria
- Haemorrhoids suspected/present

Primary Care GI Service

Refer for Assessment

Direct Referral for Flexible Sigmoidoscopy or Colonoscopy

Paper triage of referral
Structure 1 Stop Assessment Appointment

Onward referral for contrast radiology

- Bespoke 1 stop primary assessment appointment:
- History
 - Examination
- May include:
- Flexible sigmoidoscopy
 - Banding of piles
 - Colonoscopy
 - Blood test FBC / Ferritin
 - Haemorrhoid treatment
 - Dietary advice
 - Information leaflets

Comprehensive Report to GP

Discharge to GP

Discharge to GP for ongoing management:
-Watchful waiting
-Medication

Advise GP to refer to secondary care

Follow Up in primary care gastro service



Prime Endoscopy Bristol

Upper Endoscopy Referral Form

Patient name:	GP Name:
DoB:	GP Address:
Address:	
Postcode:	Postcode:
Tel No:	Tel No:
NHS Number:	Fax Number:

Faecal HP antigen must be tested before endoscopy referral. The antigen clears after eradication of HP. A period of Test and Treat may well avoid an unnecessary endoscopy and is recommended by the NICE guidelines.

If patient has sinister or red flag symptoms refer 2 week wait pathway.

We are able to see a patient over 55 years with new symptoms of: Dyspepsia, Heartburn, Reflux symptoms.

For any patient under 55: Please summarise need for test outside of NICE Guidelines

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Please be aware patients under 55 may be seen in a dyspepsia clinic prior to test.

Result of Faecal HP antigen _____

Without results, patients will not be offered a procedure date and referrals will be returned

Please attach a computerised patient summary outlining current medical history medication and allergies

A history of previous endoscopies and findings is very useful

Consultation

Previous history (patient computerised summary helpful)

Active Problems: AS AM PS FT

Current medication (especially Anticoagulants) and allergies (attach print out)



Allergies

Anticoagulants or antiplatelets	Yes	No
Diabetes Mellitus	Yes	No

What to do now: - Please refer via Choose and Book using Speciality: Diagnostic Endoscopy
Clinic Type: Colonic Imaging Assessment/Advice and attach this form to referral.

If Choose and Book is unavailable please fax this form to: **0117 962 1404**

The patient should be given the COMPLETED information card and asked to contact the appointments team after 48hrs to make an appointment.

Appointments will be offered within 6 weeks (DoH). Patients not willing to be seen within this timeframe will be discharged back to your care.

Prime Endoscopy Bristol

Flexible Sigmoidoscopy - Referral Form

Patient Name:	GP Name:
Date of birth:	GP Address:
Address:	
Postcode:	Postcode:
Tel No:	Tel No:
Mobile:	
NHS Number:	Fax Number:

This procedure is not a replacement for the cancer 2 week referral system.

Indications for flexible sigmoidoscopy include: -

Weight loss	
Rectal bleeding-recurrent over 4 weeks	
Bloody diarrhoea (mixed)	
Abdominal mass	
Consider colonoscopy if over 50yrs	
Change in bowel habit	
Persisting pain	
Rectal mucus loss	
Weight loss	
Erratic bowel habit/ mucus	
Pain and bloating	

Patients Concerns and Expectations

Please attach a computerised summary outlining current medical history, medication and allergies

Consultation

Previous history (patient computerised summary helpful)

Active Problems: AS AM PS FT



Current medication (especially Anticoagulants) and allergies (attach print out)

Allergies

A history of previous endoscopies and findings is very useful

Please note:

Your patient will be prescribed Citramag and senna prior to their procedure, by completing the referral you will be informing us that you deem the patient fit to take the medication. It is important the patient does not have significant renal impairment.

BP	
eGR	
Smoking history	
Diabetes	Y/N
Anticoagulants or antiplatelets	Y/N

<u>What to do now:-</u>	Please refer via Choose and Book using Speciality: Diagnostic Endoscopy Clinic Type: Flexible Sigmoidoscopy and attach this form to referral. If Choose and Book is unavailable please fax this form to: 0117 962 1404
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Prime Endoscopy Bristol

Colonoscopy - Referral Form

Patient Name:	GP Name:
Date of birth:	GP Address:
Address:	
Postcode:	Postcode:
Mobile:	Tel No:
NHS Number:	Fax Number:

Indications for Colonoscopy:

Consultations:

This procedure is not a replacement for the cancer 2 week referral system.

Colonoscopy is helpful for the following cases and referral to this service is indicated:

1. Unexplained chronic diarrhoea(check FBC, CRP, ttG, ferritin, stool mc+s)
2. Unexplained chronic iron deficiency anaemia (please record FBC, ferritin+ ttG)
3. Family history colorectal cancer: see guidelines and involve clinical genetics
4. History of colorectal cancer: see guidelines
5. History of adenomas/polyps: see guidelines
6. Previous history of Inflammatory Bowel Disease-extent of disease/surveillance: see guidelines

Patients concerns and expectations from this service (e.g. rule out serious pathology):

Please attach a computerised summary outlining current medical history, medication and allergies

Active Problems: AS AM PS FT

Current medication (especially Anticoagulants):

Allergies (attach print out):

A history of previous endoscopies and findings is very useful

Please note:

- a. Your patient will be prescribed Moviprep prior to their procedure, by completing the referral you will be informing us that you deem the patient fit to take the medication. It is important the patient does not have significant renal impairment.
- b. Your patient will need to turn independently on the couch during the procedure. Please let us know about problems regarding mobility.
- c. Your patient will be given intravenous opiate analgesia and benzodiazepine sedation. Please complete fit for colonoscopy form.

Fitness for colonoscopy checklist

Anticoagulants	Yes	No
Diabetes	Yes	No
BP		
eGR		
Smoking history		

Uncontrolled AF>110	Yes	No
Recent MI within 3m	Yes	No
Home oxygen	Yes	No
Patient Pregnant	Yes	No
Cardiovascular or Respiratory disease limiting exercise tolerance to less than 1 flight of stairs	Yes	No
Any condition of concern that mean treatment in a community unit would be inappropriate	Yes	No

Colonoscopy is not without risk and patients should be informed that there is a 1:1000 risk of perforation, increasing to 1:500 during removal of caecal polyps.

Patients usually receive pethidine, midazolam, and often buscopan, during the procedure, and allergy or contra-indication to these medications should be checked.

Please refer via Choose and Book using Speciality: Diagnostic Endoscopy Clinic, Type: Colonic Imaging Assessment/Advice and attach this form to referral.

If Choose and Book is unavailable please fax this form to: **0117 962 1404**



Prime Endoscopy Bristol

Community GI Service GI Clinic Referral Form

Patient name:	GP:
Date of Birth:	GP Address:
Address:	
Postcode:	Postcode:
Tel No:	Tel No:
Mobile:	
NHS Number:	Fax Number:

History, clinical findings, investigations, patient's concerns and expectations:

Previous history (patient computerised summary helpful):

Current medication (especially Anticoagulants):

Allergies (attach print out):

We invite referrals to this clinic who you think will not necessarily require endoscopy, but with dyspepsia and reflux, abdominal pain, IBS and ano-rectal symptoms including rectal bleeding. Any patient who has red flag symptoms and should be referred to the 2 week wait cancer referral pathway.

What to do now: This form should be faxed to **0117 962 1404**