**Direct Access - Dietetics-led IBS (irritable bowel syndrome) Service**

**Jeanette Starkey**

**Sioned Gallan**

**Introduction**

I'm Jeanette Starkey, I'm an Advanced Clinical Practitioner Dietician in Gastroenterology.

I'm Sioned Gallan, I'm a lead IBS Dietician at Swansea Bay University Health Board.

Between Sioned and I from two different health boards, the services were developed based on national data that acknowledged about 20% of patients referred to secondary care gastroenterology consultants were likely a functional gut IBS patients.

**Identifying a service opportunity**

In different regions up and down Wales various services have been developed to address that and we've got slightly different variations on those. We've got IBS and then the advanced clinical practitioner role. Sioned obviously does the IBS leads and we do IBS in BCUHB but we've added in an advanced clinical practitioner gastroenterology role which is a step up from that in many ways.

Within BCUHB we developed the diet lead IBS service locally and had really good outcomes. And what we realised after two to three years of that, that actually the dietician had a particular set of skills and knowledge that could take patients off the gastro consultants waiting list.

**Development of the service**

We put in a bid to the Bevan commission and were given money for a one-year pilot which we have completed with really great outcomes. In Swansea Bay we started as a pilot service back in 2020. We had funding initially for a year and we benchmarked against other IBS services across the UK including the service here in Betsi. And we've tried to keep some consistency with the other services in Wales but of course there is some variation between them. We have used a digital platform to send forms out to patients at various intervals during their care pathway and I think that's something that's maybe a bit different to what a lot of services are doing. We use those forms to collect information that informs our triaging process as well as providing information about how patients are getting on as they move through the pathway and how their symptoms are improving.

For the advanced practitioner role, we received funding from the Bevan Commission and in agreement with the gastro consultants we set up a pilot trial of a year which got extended to 18 months. So, when GPs refer patients into the gastroenterology services they have a triage process, the consultants, and if it's deemed suitable for the dietitian clinics, they then come to us and we'll do the medical assessment and the dietetic assessment, a bit of a one-stop shop a psychosocial assessment.

When that funding ended, we got further support from Betsi for a further six months because we could see the impact it was having. So, it was with an external source initially and with some internal backup funding after that. In Swansea Bay, our initial funding was just for a year. We gathered lots of data to prove how we're improving health outcomes for the patients and reducing medication use, reducing GP visits, and reducing the need to refer on to gastroenterology and for invasive investigations. We also demonstrated that as a result we're actually not only paying for ourselves as a service but we're also saving the health board money on top of that. And we then eventually got the permanent funding for the service and it has since grown so we now cover the full health board and we have two dietitians and one administrator.

**Description of the service**

Our patients are still traditionally referred by the GP to the gastro consultants who forward it on to us. We have shared care and communication between consultants, GP and obviously me and the patients. So, for continuity of care they will stay with me until we're completely satisfied that we've done all the right investigations, symptoms are improving, and we have weekly MDTs with the gastro consultants. If there's anybody I'm concerned of and I have not been able to resolve anything then they can be referred back into them. They're not just left if I think there's anything more complex going on or patients still symptomatic and we've gone as far as we can. So, there's a good safety net there for patients. They're not just left if they're still ongoing symptoms.

in Swansea Bay we do things a little bit differently in that we are spending a lot of time trying to train up GPs and encourage them to refer directly to us and this keeps the diagnosis of IBS in primary care as much as possible. Although perhaps doesn't have as big an impact on the gastroenterology waiting list as Jeanette's service does. In a similar way we try and see the patients first and in the majority of cases we can achieve symptom resolution for them and there are then if there are a few cases that need it then they can be referred on to gastroenterology from there. And it means that the gastroenterology waiting list then is shorter so the people who do need their input specifically can access it sooner.

**Impact of the service**

For our service we collected data for over a year but it did go on to 18 months. So, within the first year as part of the Bevan project we saw 250 patients that didn't get added to the gastroconsultant waiting list that we could manage ourselves, there was an extra 30 or 40 patients who'd been waiting so long they didn't want to or they didn't need to see us anymore. So, 250 plus patients off the gastro waiting list we managed them all successfully and we were able to diagnose mostly functional gut but we did pick up some bowel cancers, lung cancers, breast cancers, lots of Crohn's, colitis, various other conditions that can be masked as IBS things like pancreatic insufficiency, bile acid malabsorption, small intestinal bacterial overgrowth and our skills were to be able to identify those.

We can request first-line investigations, we're going on to hopefully request ultrasound as well, diagnose, prescribe, and manage them without having to see the consultants. The waiting list for these patients as they were routine patients has been sitting at two to three years, and we could see them in three months and manage them completely. Obviously, we do have support from the gastro consultants to sign off certain investigations that we quite rightly don't request so there's a team approach there.

We collected data on patients' experiences because we thought that was extremely valuable, it's all right for us to think it's a great idea but does the patient? the results were really positive, they all felt they'd been investigated thoroughly, had the right support, felt more confident in managing their symptoms and understanding so we were really pleased with those outcomes.

We also seen improvements in each individual symptom of IBS as well as the overall symptoms and after accessing our service patients report that they have much better control of their symptoms which then allows them to engage more with social activities. They also have a higher attendance rate at work or education as well and many of our patients tell us they feel more ready for further health behaviour changes once their IBS symptoms are settled. For example, they might then go on to join one of our weight management groups if they need that kind of input that they perhaps didn't feel ready for before and they also tell us that they have more energy for things like physical activity as well.

We've got data in Swansea Bay to prove that we have reduced the number of visits to the GP drastically so in the three months before they've had input with our service patients tended to see a GP just under once a month on average about their IBS symptoms and in the three months after they've been through the service they haven't seen their GP at all which is really positive. we've also seen a real significant reduction in medication use and the service being there means there's an alternative route for referrals so they don't automatically have to go down the gastroenterology consultant route and wait at the moment unfortunately for years for an appointment in some cases they can see us quite quickly and they can get the care that they need in the right place and at the right time for them.

Medication spend has been reduced significantly and patients have more confidence because you're trying to teach a patient actually this is your condition and be able to manage that themselves it's quite empowering for the patient as well so you get a lot of positive feedback that they feel more reassured that actually there's nothing we're missing and in terms of the broader service there is positive impact on gastro waiting times. If there is anything that needs investigating, we can expedite that as I meet with the consultants weekly if there's something I'm really worried about they're not sat on a waiting list for a year, actually we just say this person needs investigating now and we can expedite that for them. there's real advantages there and backing up the data that Sioned has got from the IBS because we do that as part of this role as well so just generally reduce visits reduce medicine spends better quality of life that usually comes back quite strongly they can socialise again they don't have that worry about what they're eating they don't have to take time off work as much because you give them all the tools to manage it and it's really lovely to see.

For me it’s persistence and determination to drive the service forward. Traditionally it's a very traditional model of work, in the NHS patient gets referred, sees a consultant, dealt with and then they would see a dietitian after three years in the system and NHS Wales is calling out for service change workforce innovation looking the skills of your staff and we have tried to drive that forward but it's a big leap and people are a bit nervous and reluctant. I've been pushing for years to take steps forward I think having that determination that persistence to be able to have a vision for a better service of care, the key thing is communication with your teams your consultants your managers and collecting data in the background to be able to say actually this can work even from the IBS projects was our stepping stone to this model but it's not been easy.

**Lessons Learned**

The biggest thing I've learned is clear about what you can offer, how you can make the services better. We’re not separate teams we all work together so it's how you merge those teams better. I think it's really important as well to make sure that our services are patient-centred and that any service development we do is done with what the patient wants in mind and at the forefront of the decisions we make and to do that we need good engagement from patients when it comes to answering for PROMs and PREMs for example. one thing that we found helped with that was to make sure the patient saw the value in filling those forms in for us so we make a point of referring to the forms that they filled in during their clinic sessions. They can see how it's not only giving us data so that we can improve the service it's also informing the next steps we take in their care, we link in with other dietitians nationally across the UK and we compare what we're doing.

We would like to standardise things more moving forward because we want care to be equal across the country for one thing as much as possible and we also want to try and do things in a similar way so that we're not recreating the wheel so to speak. Because it's been a pilot project, we are just actively promoting it at the moment looking at the publications and we have had interests from other trusts asking about our model of work for both in England and Wales because I think people recognise the current model is unsustainable. so, we're just actively starting that I think myself and Sioned have often spoke in terms of that kind of advertising a bit more and linking in with other dietitians and creating standard cares and competencies for dietitians and services, so we can collect pooled data which would be a stronger argument for rolling this out further . We’re just on the cusp of really pushing that forward.

often, it's just been little internal programs that are springing up and now we need to bring them together collectively and create almost like a national group that we can just continue to raise awareness of the work that we're doing for patients that they can access this service. I think we're just at the beginning of really pushing that through now and there's a lot we can learn from each other as well because we've all had unique experiences.

Even though we're working in similar services I think it's really important that we try and set up a bit more of a network as well to get that learning from each other to standardise things for any services out there who are experiencing long waiting times, difficulties recruiting medical teams and everybody's working flat out at the moment is having that ability to come a step back and look at the skill mix within your broader teams. Ask who can do what it physios Occupational Therapy nurses have been doing it very well for many years? dietetics it's a bit of a new approach although there is examples out there so we have proven that we can reduce gastroenterology, patient lists and keep patients safe. dietitians can prescribe now and request first-line investigations there is a better way to manage low-risk functional gut patients which can only have a positive impact in financial budgets within trusts for patient care which is absolutely the heart of everything. it just smooths out a clear pathway going forward and I think it could be implemented across so as dietitians working in IBS and functional gut disorders, we have a unique skill set and patients are more wanting to move away from that traditional medical model of using medication that can often unfortunately cause side effects to manage their symptoms. they're looking for more natural solutions that will target some of the root causes of some of their symptoms whether that's dysbiosis or a fibre imbalance or a food intolerance and that is what we can provide and that is a unique service about giving the patient the care that they want and need in the right place in the right time for them.

I think in Swansea what we would really like as a next step is to develop a role similar to Jeanette's advanced clinical practitioner role so that we can take it that step further have a more significant impact on that gastroenterology waiting list especially and also to be able to prescribe and diagnose as well.