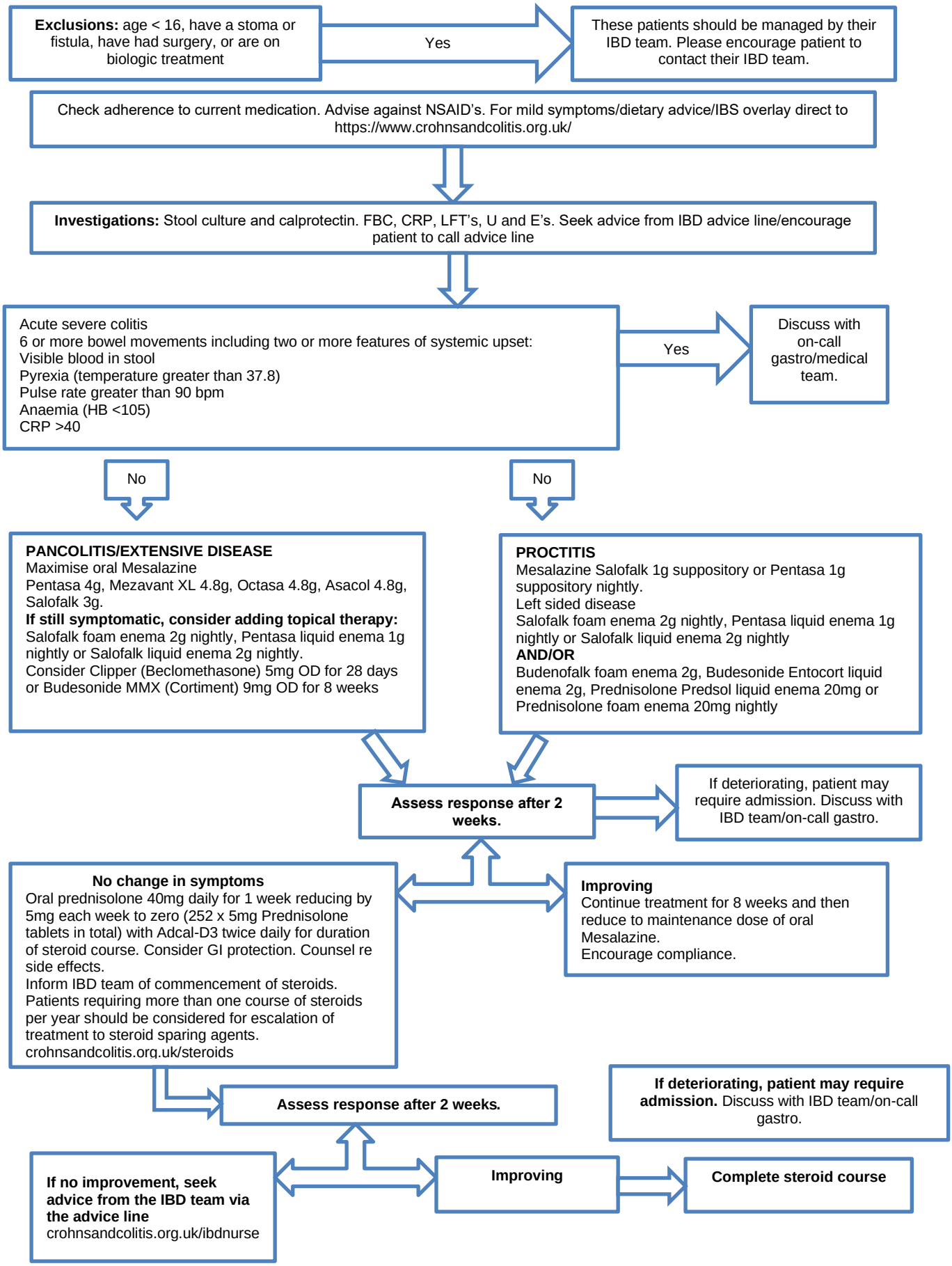
Royal Cornwall Hospitals
NHS Trust

Inflammatory Bowel Disease Flare Pathway's Clinical Guideline

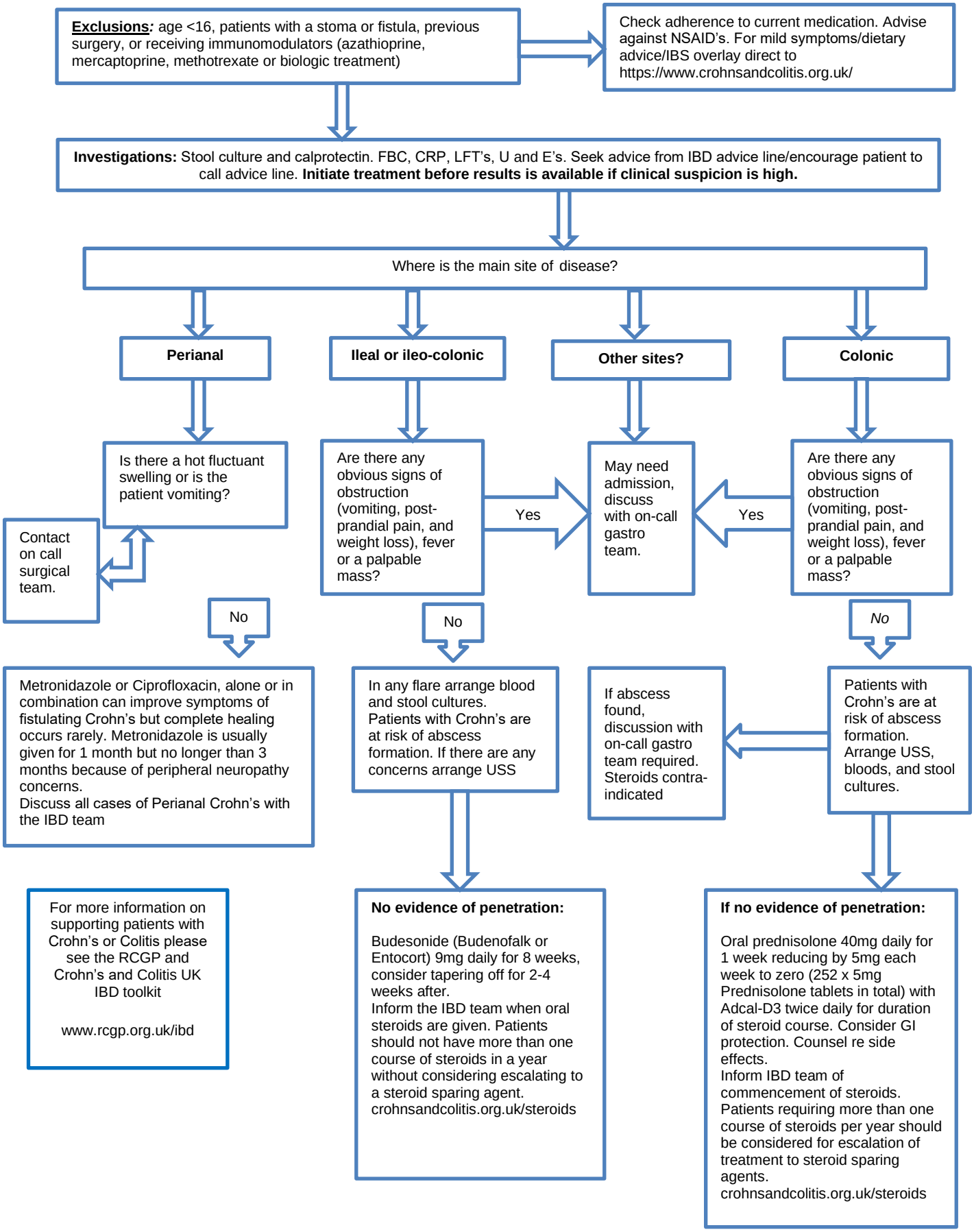
V1.0

July 2023

Summary: Ulcerative Colitis Flare Pathway



Summary: Crohn's disease pathway



1. Aim/Purpose of this Guideline

1.1. This guideline is mainly for the use of clinicians in primary care, providing a pathway for patients with known ulcerative colitis and Crohn's disease. The pathways can also be referred to within secondary care.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

The guidance is contained within the summary flowchart.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Ulcerative Colitis and Crohn's disease Flare Pathway Clinical Guideline – appropriate steroid use after maximizing oral mesalazine treatment and/or rectal mesalazine / steroid treatment.
Lead	Megan Orchard – IBD clinical nurse specialist.
Tool	Audit of communication from GP to inform IBD team of failure of mesalazine / rectal treatment or commencement of steroids. Audit of patients advised to contact IBD team by their GP – treatment advised in primary care. **Flare pathway audit, Excel Document, shared folder, TR13, gastro folder.**
Frequency	Each element to be monitored – 3 monthly. Report will need to be completed – annually. Report will need to be shared – annually.

Information Category	Detail of process and methodology for monitoring compliance
Reporting arrangements	Governance meeting. Data presented by IBD Nurse, recorded in minutes. Megan Orchard, IBD Nurse.
Acting on recommendations and Lead(s)	Megan Orchard, IBD Nurse.
Change in practice and lessons to be shared	How will system or practice changes be implemented the lessons learned, and how will these be shared. Possible wording to use for this column. Letter to GP practices will be identified and actioned within 3 months of report. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Inflammatory Bowel Disease Flare Pathway's Clinical Guideline V1.0
This document replaces (exact title of previous version):	New Document.
Date Issued/Approved:	May 2023.
Date Valid From:	July 2023.
Date Valid To:	July 2026.
Directorate / Department responsible (author/owner):	Megan Orchard, IBD Nurse Specialist. Dr John Beckly, Consultant Gastroenterologist.
Contact details:	01872 253403.
Brief summary of contents:	Ulcerative Colitis Flare Pathway and Crohn's disease Flare Pathway for use in primary and secondary care.
Suggested Keywords:	Colitis, Ulcerative, Crohn's disease, Inflammatory bowel disease.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Specialty Business and Governance meeting. Specialist Services and Surgery SMT Governance Meeting. Specialist Services and Surgery Care Group Board Meeting.
Manager confirming approval processes:	Roz Davies.
Name of Governance Lead confirming consultation and ratification:	Maria Lane.
Links to key external standards:	None required.

Information Category	Detailed Information
Related Documents:	Royal College of General Practitioners, British Society of Gastroenterology, The Primary Care Society for Gastroenterology, Crohn's and Colitis UK.
Training Need Identified?	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Gastroenterology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
April 2023	V1.0	Initial issue	Megan Orchard, IBD Nurse Specialist, Dr John Beckly, Consultant Gastroenterologist

All or part of this document can be released under the Freedom of Information Act 2000

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Inflammatory Bowel Disease Flare Pathway's Clinical Guideline V1.0
Directorate and service area:	Gastroenterology, Specialist Services and Surgery.
Is this a new or existing Policy?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Katherine Todd, Clinical Endoscopist.
Contact details:	katherine.todd@nhs.net

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Clinicians.
2. Policy Objectives	To provide clinical guidance regarding flare management of Ulcerative Colitis and Crohn's disease.
3. Policy Intended Outcomes	To aid clinical decisions and ensure appropriate steroids use and referral to secondary care IBD Service.
4. How will you measure each outcome?	As described in the monitoring and compliance section of this document – section 3.
5. Who is intended to benefit from the policy?	Patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy	**Please record specific names of individuals/ groups:** IBD nurse team, John Beckly – Consultant Gastroenterologist.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Katherine Todd, Clinical Endoscopist

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here: Section 2. Full Equality Analysis