**Primary Care Gastroenterology Clinic**

North Bristol Community Diagnostic Centre

Asda Patchway Super Centre

Highwood Lane, Patchway,

Bristol, BS34 5TL

Email: Primeendoscopy.bristol@nhs.net

URGENTROUTINE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrer Details** | |  | **Patient Details** | |
| Date of referral |  | Name |  |
| Referring Clinician |  | Address |  |
| GMC number |  |
| Practice name |  |
| CCG name | BNSSG |
| Practice Address |  | Telephone |  |
| Date of Birth |  |
| Age |  |
| NHS number |  |
| Telephone |  | Gender |  |
| Email |  | Interpreter required |  |

**Reason for referral**

The emphasis of the clinic is to help and support GPs continue to manage their patients in primary care. We welcome referrals from all practices in the BNSSG area. We see patients with a broad range of upper and lower GI conditions with a particular focus on the following:

Unexplained symptoms in younger adults with normal baseline investigations (under 40yrs)

Known (or suspected) IBS but additional advice requested by patient or GP (all ages)

Medical management of gastro-oesophageal reflux disease and dyspepsia (all ages)

Uncertainty that upper/lower GI endoscopy required

* *Equivocal results such as borderline faecal calprotectin*
* *Unsure if medically fit for procedure- elderly/patient apprehension about test*

Suspected new diagnosis coeliac disease where OGD/D2 biopsy no longer required

*(Under 55yrs old + typical symptoms + TTG over 10 times upper limit of normal- BSG, June 2020)*

Other

*If OGD, flexible sigmoidoscopy or colonoscopy are required, this will be arranged directly from clinic at North Bristol CDC without further GP referral. If you do* ***not*** *want your patient to be considered for endoscopy please tick this box*

**Clinical Details**

<GP to please add free text here>

**Medical history**

Active and Significant Past Problem list from EMIS

**Medication**   
Acute and Repeat Medication list from EMIS

**Known drug idiosyncrasies**

Allergy list from EMIS

The following is included as a general guide

We are always happy to discuss individual cases prior to referral if helpful

**A. Inclusion Criteria**

Diagnosis and/or Advice

* Suspected or confirmed IBS
* Unexplained abdominal pain and/or bloating
* Functional constipation
* Chronic diarrhoea without established diagnosis
* Diverticular disease
* Painful rectal bleeding where anal fissure suspected (prefer to avoid flexi sig until excluded)
* Poorly controlled/refractory GORD
* Coeliac disease
* Eosinophilic oesophagitis
* Microscopic colitis
* Proctitis
* Iron deficiency anaemia

**B. Exclusion Criteria**

**Urgent Suspected Cancer (fast track) referrals**

**Pregnant women**

**Individuals under 18 years old**

**Established diagnosis of inflammatory Bowel Disease (except Proctitis)**

**Liver Disease**

*Refer to Secondary Care Gastroenterology*….

* Established diagnosis of Crohn’s Disease or Ulcerative Colitis
* Breath test required to confirm diagnosis of Small Intestinal Bacterial Overgrowth (SIBO)

*Refer to Colorectal Surgeons*….

* Anal fissure not responsive to GTN ointment
* Surgical treatment of Haemorrhoids
* Recurrent Acute Diverticulitis (although we are very happy to see uncomplicated Diverticular disease)

*Refer to Upper GI Surgeons*….

* Gallstone disease
* Complex retrosternal dysphagia eg oesophageal spasm/dysmotility
* GORD where surgical assessment requested

*Refer to Hepatobiliary Surgeons/Hepatology*…

* Chronic Pancreatitis
* Liver disease
* Abnormal LFTs

*Refer to ENT or request Barium swallow*…

* Suspected laryngo-pharyngeal ("silent") reflux- symptoms in head and neck area only
* High Dysphagia