**Primary Care Gastroenterology Clinic**

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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 |  |
| 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 Prime Endoscopy without further GP referral. If you do* ***not*** *want your patient to be considered for endoscopy please tick this box*

**Clinical Details**

**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

**Please attach any available past upper and/or lower endoscopy reports or hospital clinic**

**letters with your referral if applicable, thank you**

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 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

**B. Exclusion Criteria**

**Two week wait (fast track) referrals**

**Pregnant women**

**Individuals under 18 years old**

*Refer to Secondary Care Gastroenterology*….

* Established diagnosis of Crohn’s Disease or Ulcerative Colitis

*Refer to Colorectal Surgeons*….

* Anal fissure not responsive to GTN/Diltiazem
* Surgical treatment of Haemorrhoids
* Faecal incontinence
* Obstructive defecation
* 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 and/or recommend that GP requests Barium swallow*…

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