Pre diagnosis

During diagnosis

Supported self-management

EMOTIONAL SUPPORT

SELF-CARE (GROUP) EDUCATION

Introducing psychological self-care advice early in the pathway. This would give education about identifying triggers, techniques for soothing themselves and other guidance to help them problem solve in the future. This could potentially be delivered in groups.

EARLY SUPPORT TO MANAGE SYMPTOMS

People would value support for managing physical symptoms and emotional impact due to uncertainty when waiting for a diagnosis. This can be an opportunity to introduce a single point of care/coordinator who can be reliable support for the person throughout their care journey

COMMUNITY SUPPORT

ONLINE RESOURCES

Online resources for self management and treatment (i.e. online CBT). Information should be verified by an official source (i.e. NHS Grampian, NHS Inform) to reduce the need for people to use Google. This would include video content, potentially created by local clinicians.

TAILORED PATHWAYS

A range of options tailored in collaboration with the person to generate a supported self management plan. Patient-initiated pathways/patient-triggered return to ensure support is available when needed, enabling care to be predominantly community-based, with patient-led referral into secondary care.

SCREENING

The use of recognised screening tools early on in the pathway to determine the most appropriate level of intervention to tailor the pathway to the person, to identify people who would benefit from a referral to psychology and to identify potential undiagnosed comorbidities given this is a feature of IBS.

COORDINATION AND CONSISTENCY OF CARE

Integrated care between primary and secondary care services, and a joint approach to care for physical and mental health through multi-disciplinary working, along with a key person (potentially a Specialist Nurse in FDs) identified as care coordinator. The coordinator will work together with the person to identify their goals and appropriate services/support

THIRD SECTOR SUPPORT

Third sector involvement to enable longer conversations that open up a dialogue and normalise language about embarrassing symptoms and reduce stigma.

GP BASED CARE

FIRST APPOINTMENT – UNDERSTANDING THE PERSON AS A WHOLE

Someone presenting with multiple symptoms will need a longer consultation and an understanding of what is happening in the person's life (in their home/social environment) rather than only what is visible immediately in front of them

BUILDING A RELATIONSHIP

This is important for supporting the person through their diagnosis and for ongoing care

DIETETICS SUPPORT TO IMPLEMENT LOW FODMAP DIET

There is excellent evidence that this diet is effective, however the complexity of the diet requires the expert input of a dietitian.

SUPPORT AND EDUCATION FOR GPs

Including a regular monthly meeting for GPs and gastroenterologists to discuss challenging cases, similar to a model currently employed for diabetes.

MULTI-DISCIPLINARY APPROACH TO CARE

Integrated care between primary and secondary care services, and joint approach to care for physical and mental health through multi-disciplinary working

HOSPITAL BASED CARE

MDT TO SUPPORT COMPLEX DIAGNOSIS AND REFERRALS

Multi-disciplinary team (MDT) approach to look at multiple symptoms holistically, to investigate and eliminate unlikely causes/conditions and make a timely diagnosis, along with supporting appropriate referral options.

IBS SPECIALIST CLINIC

For complex cases, a multi-disciplinary specialist IBS clinic could bring together the gastroenterologist, dietitian and psychologist, with access to a pharmacist for medication review.

ASYNCHRONOUS APPOINTMENTS

Extending and improving efficiency of the use of asynchronous appointments to reduce wait times. This includes sending a questionnaire to complete prior to scheduling their appointment (reducing DNA) and considering how to better share resources such as visuals to explain conditions.

BETTER LINKAGES IN SECONDARY CARE

Enabling secondary care professionals to make referrals (e.g. gastroenterologist referring a patient to psychology) to avoid the GP needing to complete all these tasks.

REFERRAL TO PSYCHOLOGY SERVICES FOR ALL

Normalising referral to psychology services as part of routine pathway to reduce stigma and increase uptake of the service

PSYCHOLOGY REFERRAL AS A CORE PART OF THE PATHWAY

A prompt for the gastroenterologist to refer to psychology (or ask the GP to refer) at the six month review appointment.

HOW MIGHT WE ...?

- How might we support health professionals to make connections and spot patterns despite the complexity of the person's symptoms, care interactions and life circumstances?
- How might we ensure equity of care pathways and services offered regardless of which professional the person sees?
- How might we offer patient-initiated access to secondary care and patient-triggered return without overwhelming services?
- How might we support health professionals to quickly see an overview of what is going on when multiple different professionals are involved in their care?
- How might we offer all people living with IBS support from psychology without overwhelming the service?
- How might we overcome embarrassment and stigma in society in relation to bowel conditions?