

Irritable bowel syndrome in adults

NICE quality standard

Draft for consultation

August 2015

Introduction

This quality standard covers the diagnosis and management of irritable bowel syndrome in adults. It does not cover other gastrointestinal disorders such as non-ulcer dyspepsia, coeliac disease and inflammatory bowel disease. For more information see the [irritable bowel syndrome topic overview](#).

Why this quality standard is needed

Irritable bowel syndrome is a chronic, relapsing and often life-long disorder. It is characterised by abdominal pain or discomfort, which may be associated with defaecation or accompanied by a change in bowel habit. Symptoms may include constipation or diarrhoea or both, and abdominal distension, usually referred to as bloating. People present with varying symptom profiles, most commonly 'diarrhoea predominant', 'constipation predominant' or mixed symptom (alternating between diarrhoea and constipation). Symptoms sometimes overlap with other gastrointestinal disorders such as non-ulcer dyspepsia or coeliac disease.

The causes of irritable bowel syndrome have not been adequately defined, although gut hypersensitivity, disturbed colonic motility, post-infective bowel dysfunction, dysbiosis, low grade inflammation or a defective antinociceptive (anti-pain) system are possible causes. Stress commonly aggravates the disorder.

Irritable bowel syndrome may cause lack of sleep, anxiety and lethargy, which may lead to time off work, avoidance of stressful or social situations and significant reduction in quality of life.

The quality standard is expected to contribute to improvements in the following outcomes:

- incidence of irritable bowel syndrome
- quality of life for adults with irritable bowel syndrome
- satisfaction of adults with irritable bowel syndrome with the care they receive
- reduction in inappropriate investigations.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2015–16](#)
- [Public Health Outcomes Framework 2013–2016](#).

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 [NHS Outcomes Framework 2015–16](#)

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	<p><i>Overarching indicator</i></p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p><i>Improvement areas</i></p> <p>Ensuring people feel supported to manage their condition</p> <p>2.1 Proportion of people feeling supported to manage their condition</p> <p>Improving functional ability in people with long-term conditions</p> <p>2.2 Employment of people with long-term conditions*,**</p>
4 Ensuring that people have a positive experience of care	<p><i>Overarching indicators</i></p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p><i>4d Patient experience characterised as poor or worse</i></p> <p><i>1 Primary care</i></p>

	<p>Improvement areas</p> <p>Improving people's experience of outpatient care 4.1 Patient experience of outpatient services</p> <p>Improving access to primary care services 4.4 Access to i GP services</p> <p>Improving people's experience of integrated care 4.9 <i>People's experience of integrated care</i> **</p>
<p>Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework</p> <p>* Indicator is shared ** Indicator is complementary Indicators in italics in development</p>	

Table 2 [Public health outcomes framework for England, 2013–2016](#)

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p>Objective Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p>Indicators 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services^{*,**} 1.9 Sickness absence rate</p>
2 Health improvement	<p>Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators 2.11 Diet 2.23 Self-reported well-being</p>
4 Healthcare public health and preventing premature mortality	<p>Objective Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Indicators 4.13 Health-related quality of life for older people</p>
<p>Alignment with Adult Social Care Outcomes Framework and/or NHS Outcomes Framework</p> <p>* Indicator is shared ** Indicator is complementary</p>	

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to irritable bowel syndrome.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for irritable bowel syndrome specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole irritable bowel syndrome care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people with irritable bowel syndrome.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality irritable bowel syndrome service are listed in Related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating adults with irritable bowel syndrome should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting people with irritable bowel syndrome. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

[Statement 1](#). Adults with suspected irritable bowel syndrome are offered tests for inflammatory markers to exclude inflammatory causes.

[Statement 2](#). Adults are given a diagnosis of irritable bowel syndrome if no red flag indicators are present and investigations identify no other cause of symptoms.

[Statement 3](#). Adults with irritable bowel syndrome who still have symptoms after following general lifestyle and dietary advice, are offered advice on single food avoidance and exclusion diets.

[Statement 4](#). Adults with irritable bowel syndrome have a review of treatment and management at least once a year.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the NICE local practice collection [here](#). Examples of using NICE quality standards can also be submitted.

Quality statement 1: Excluding inflammatory causes

Quality statement

Adults with suspected irritable bowel syndrome are offered tests for inflammatory markers to exclude inflammatory causes.

Rationale

Irritable bowel syndrome is difficult to diagnose because the symptoms can be very similar to inflammatory bowel disease. Assessing inflammatory markers can exclude inflammatory bowel disease as a cause of symptoms. The use of inflammatory marker testing means that fewer people with suspected irritable bowel syndrome will need to have invasive procedures such as colonoscopies and sigmoidoscopies to check for inflammatory causes of their symptoms.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with suspected irritable bowel syndrome are offered tests for inflammatory markers to exclude inflammatory causes.

Data source: Local data collection.

Process

Proportion of adults with suspected irritable bowel syndrome who have tests for inflammatory markers to exclude inflammatory causes.

Numerator – the number in the denominator who have tests for inflammatory markers to exclude inflammatory causes.

Denominator – the number of adults who first present to their GP with suspected irritable bowel syndrome.

Data source: Local data collection.

Outcome

Incidence of irritable bowel syndrome.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (GP practices) ensure that systems are in place for adults with suspected irritable bowel syndrome to be offered tests for inflammatory markers, such as faecal calprotectin and C-reactive protein, to exclude inflammatory causes of symptoms.

Healthcare professionals in primary care (GPs) offer adults with suspected irritable bowel syndrome tests for inflammatory markers, such as faecal calprotectin and C-reactive protein, to exclude inflammatory causes of symptoms.

Commissioners (Clinical commissioning groups and NHS England) ensure that they commission services that offer tests for inflammatory markers, such as faecal calprotectin and C-reactive protein, to adults with suspected irritable bowel syndrome, to exclude inflammatory causes of symptoms.

What the quality statement means for patients, service users and carers

Adults with symptoms of irritable bowel syndrome (constipation, diarrhoea and bloating) are offered tests to check whether they have inflammation in their bowel. This will help their GP to diagnose their condition by ruling out inflammation as a cause of symptoms.

Source guidance

- [Irritable bowel syndrome in adults](#) (2008) NICE guideline CG61, recommendation 1.1.2.1(key priority for implementation)
- [Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel](#) (2013) NICE diagnostic guidance DG11, recommendation 1.1

Definitions of terms used in this quality statement

Suspected irritable bowel syndrome

Irritable bowel syndrome should be considered if an adult presents with abdominal pain or discomfort, bloating or a change in bowel habit for at least 6 months. A diagnosis of irritable bowel syndrome should be considered only if the person has abdominal pain or discomfort that is either relieved by defaecation or is associated with altered bowel frequency or stool form. This should be accompanied by at least 2 of the following 4 symptoms:

- altered stool passage (straining, urgency, incomplete evacuation)
- abdominal bloating (more common in women than men), distension, tension or hardness
- symptoms made worse by eating
- passage of mucus.

Other features such as lethargy, nausea, backache and bladder symptoms are common in people with irritable bowel syndrome, and may be used to support the diagnosis.

[Adapted from [Irritable bowel syndrome in adults](#) (NICE guideline CG61), recommendations 1.1.1.1 and 1.1.1.4 (key priorities for implementation)]

Tests for inflammatory markers

Tests for inflammatory markers that can be carried out to exclude inflammatory causes include tests for faecal calprotectin and C-reactive protein. Faecal calprotectin is released into the intestines in excess if there is inflammation. C-reactive protein is released into the blood by the liver when an infection or inflammation is present. Increased levels of faecal calprotectin and C-reactive protein can mean a person has an inflammatory bowel disease such as Crohn's disease or ulcerative colitis. Inflammatory causes are usually excluded to aid the diagnosis of mixed symptom (alternating between diarrhoea and constipation) or diarrhoea predominant irritable bowel syndrome.

[Adapted from [Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel](#) (NICE diagnostics guidance DG11), recommendation 1.1; [Irritable bowel syndrome in adults](#) (NICE guideline CG61), recommendations 1.1.1.3 and 1.1.2.1 (key priorities for implementation); and expert opinion]

Inflammatory causes

The 2 main forms of inflammatory bowel disease are Crohn's disease and ulcerative colitis. Both are chronic diseases that cause inflammation of the digestive system. Crohn's disease typically involves the distal ileum or colon but can occur anywhere in the gastrointestinal tract, whereas ulcerative colitis usually affects the rectum and a variable extent of the colon near the rectum.

[Adapted from [Inflammatory bowel disease](#) (2015) NICE quality standard QS81, introduction]

Quality statement 2: Making a diagnosis

Quality statement

Adults are given a diagnosis of irritable bowel syndrome if no red flag indicators are present and investigations identify no other cause of symptoms.

Rationale

Irritable bowel syndrome is difficult to diagnose, but it is important to reach the correct diagnosis while striking the right balance between too few and too many investigations. Under-diagnosis and over-investigation can prevent effective management and cause unnecessary anxiety in people with symptoms of irritable bowel syndrome.

Quality measures

Structure

Evidence of local arrangements to ensure that adults are given a diagnosis of irritable bowel syndrome if no red flag indicators are present and investigations identify no other cause of symptoms.

Data source: Local data collection.

Process

Proportion of adults who receive a diagnosis of irritable bowel syndrome if no red flag indicators are present and investigations identify no other cause of symptoms.

Numerator – the number in the denominator who receive a diagnosis of irritable bowel syndrome.

Denominator – the number of adults who have no red flag indicators and investigations identify no other cause of symptoms.

Data source: Local data collection.

Outcomes

a) Diagnosis of irritable bowel syndrome.

Data source: Local data collection.

b) Satisfaction with the care received by people with irritable bowel syndrome.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (GP practices) ensure that adults are given a diagnosis of irritable bowel syndrome if no red flag indicators are present and investigations identify no other cause of symptoms.

Healthcare professionals in primary care (GPs) give adults a diagnosis of irritable bowel syndrome if no red flag indicators are present and investigations identify no other cause of their symptoms.

Commissioners (Clinical commissioning groups and NHS England) commission services that give adults a diagnosis of irritable bowel syndrome if no red flag indicators are present and investigations identify no other cause of their symptoms.

What the quality statement means for patients, service users and carers

Adults with suspected irritable bowel syndrome are given a diagnosis of irritable bowel syndrome if they have no symptoms that need referral to a hospital consultant (these symptoms are known as red flag indicators) and tests show no other cause of their symptoms.

Source guidance

- [Irritable bowel syndrome in adults](#) (2008) NICE guideline CG61, recommendations 1.1.1.1, 1.1.1.3, 1.1.1.4 and 1.1.2.1 (key priorities for implementation)
- [Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel](#) (2013) NICE diagnostic guidance DG11, recommendation 1.1

Definitions of terms used in this quality statement

Red flag indicators

These are symptoms which require referral to secondary care and are as follows:

- rectal bleeding
- unexplained unintentional weight loss
- family history of bowel cancer or ovarian cancer
- family history of coeliac disease
- late onset (age over 60 years)
- anaemia
- abdominal masses
- rectal masses
- inflammatory markers for inflammatory bowel disease
- a change in bowel habit to looser stools, more frequent stools or both, persisting for more than 6 weeks in a person over 60 years.

[Adapted from [Irritable bowel syndrome in adults](#) (NICE guideline CG61), recommendations 1.1.1.2 and 1.1.1.3 (key priorities for implementation), and expert opinion]

Investigations

All adults presenting with suspected irritable bowel syndrome should have an assessment and clinical examination for:

- anaemia
- abdominal masses
- rectal masses
- inflammatory markers for inflammatory bowel disease.

In addition, women with symptoms that suggest ovarian cancer should have their serum CA125 measured.

When the symptoms above have been excluded the following tests should be done to exclude other diagnoses:

- full blood count (FBC)
- erythrocyte sedimentation rate (ESR) or plasma viscosity

- C-reactive protein (CRP)
- antibodies for coeliac disease (endomysial antibodies [EMA] or tissue transglutaminase [TTG]).

[Adapted from [Irritable bowel syndrome in adults](#) (NICE guideline CG61), recommendations 1.1.1.3 and 1.1.2.1 (key priorities for implementation)]

Symptoms

Irritable bowel syndrome should be considered if an adult presents with abdominal pain or discomfort, bloating or a change in bowel habit for at least 6 months. A diagnosis of irritable bowel syndrome should be considered only if the person has abdominal pain or discomfort that is either relieved by defaecation or is associated with altered bowel frequency or stool form. This should be accompanied by at least 2 of the following 4 symptoms:

- altered stool passage (straining, urgency, incomplete evacuation)
- abdominal bloating (more common in women than men), distension, tension or hardness
- symptoms made worse by eating
- passage of mucus.

Other features such as lethargy, nausea, backache and bladder symptoms are common in people with irritable bowel syndrome, and may be used to support the diagnosis.

[Adapted from [Irritable bowel syndrome in adults](#) (NICE guideline CG61), recommendations 1.1.1.1 and 1.1.1.4 (key priorities for implementation)]

Quality statement 3: Dietary management

Quality statement

Adults with irritable bowel syndrome who still have symptoms after following general lifestyle and dietary advice, are offered advice on single food avoidance and exclusion diets.

Rationale

General lifestyle advice, including dietary advice, is important to empower people to manage irritable bowel syndrome and to improve their quality of life. When symptoms of irritable bowel syndrome persist beyond the timescale agreed by the person with irritable bowel syndrome and their healthcare professional, more advice on dietary management from a healthcare professional with specific expertise can help people to manage their symptoms. Advice on dietary management can ensure that adequate nutritional intake is maintained when a person is following food avoidance or exclusion diets.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with irritable bowel syndrome who still have symptoms after following general lifestyle and dietary advice receive advice on single food avoidance and exclusion diets.

Data source: Local data collection.

Process

Proportion of adults with irritable bowel syndrome who still have symptoms after following general lifestyle and dietary advice who receive advice on single food avoidance and exclusion diets.

Numerator – the number in the denominator who receive advice on single food avoidance and exclusion diets.

Denominator – the number of adults with irritable bowel syndrome who still have symptoms after following general lifestyle and dietary advice.

Data source: Local data collection.

Outcome

People with irritable bowel syndrome feel confident to manage their condition.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (GP practices and dietetic services) ensure that adults with irritable bowel syndrome, who still have symptoms after following general lifestyle and dietary advice, are referred to a healthcare professional with expertise in dietary management for advice on single food avoidance and exclusion diets. Systems should be in place for further referral to a specialist dietitian if this is necessary.

Healthcare professionals in primary care (GPs and community dietitians) refer adults with irritable bowel syndrome, who still have symptoms after following general lifestyle and dietary advice, to a healthcare professional with expertise in dietary management for advice on single food avoidance and exclusion diets. If necessary, further referrals to a specialist dietitian may be needed.

Commissioners (clinical commissioning groups and NHS England) commission services with healthcare professionals with expertise in dietary management and when necessary, specialist dietitians, for people with irritable bowel syndrome who still have symptoms after following general lifestyle and dietary advice.

What the quality statement means for patients, service users and carers

Adults with irritable bowel syndrome whose symptoms do not improve when they follow general advice on their diet and lifestyle are offered advice by a healthcare professional with training and skills in managing symptoms using specialist diets.

Source guidance

- [Irritable bowel syndrome in adults](#) (2008) NICE guideline CG61, recommendation 1.2.1.8

Definitions of terms used in this quality statement

General lifestyle and dietary advice

This is designed to help to minimise the symptoms of irritable bowel syndrome and should include:

- creating relaxation time
- increasing activity levels
- having regular meals and taking time to eat
- avoiding missing meals or leaving long gaps between eating
- drinking at least 8 cups of fluid per day, especially water or other non-caffeinated drinks, for example, herbal teas
- restricting tea and coffee to 3 cups per day
- reducing intake of alcohol and fizzy drinks
- possibly limiting intake of high-fibre food (such as wholemeal or high-fibre flour and breads, cereals high in bran, and whole grains such as brown rice)
- reducing intake of 'resistant starch' (starch that resists digestion in the small intestine and reaches the colon intact), which is often found in processed or re-cooked foods
- limiting fresh fruit to 3 portions per day (a portion should be approximately 80 g)
- avoiding sorbitol, an artificial sweetener found in sugar-free sweets (including chewing gum) and drinks, and in some diabetic and slimming products if the person has diarrhoea
- eating oats (such as oat-based breakfast cereal or porridge) and linseeds (up to 1 tablespoon per day) if the person has wind and bloating.

[Adapted from [Irritable bowel syndrome in adults](#) (NICE guideline CG61), recommendations 1.2.1.1 (key priority for implementation), 1.2.1.2, 1.2.1.3 and 1.2.1.4]

Single food avoidance and exclusion diets

Single food avoidance is the exclusion of one food from the diet if it is thought to cause symptoms of irritable bowel syndrome. After an agreed time (usually between

2 and 4 weeks) the food can be reintroduced gradually to verify whether the food causes or exacerbates the symptoms.

An exclusion diet is when one or more foods suspected to be responsible for symptoms are completely excluded. Exclusion diets may reduce the symptoms of irritable bowel syndrome and can include, for example, a low FODMAP (fermentable oligosaccharides, disaccharides, monosaccharides and polyols) diet. FODMAPs are a collection of carbohydrates that are poorly absorbed in the small bowel and travel towards the large bowel where they are quickly broken down (fermented) by bacteria. This process releases gases and in some people causes pain or discomfort, bloating and excessive wind. Some of these FODMAPs also draw water into the small bowel and this may lead to diarrhoea.

A low FODMAP diet involves restricting the intake of various foods that are high in FODMAPs, such as some fruits and vegetables, animal milk, wheat products and legumes.

[Adapted from [Irritable bowel syndrome in adults](#) (NICE guideline CG61), recommendation 1.2.1.8; [NHS Choices](#) website and expert opinion]

Quality statement 4: Reviewing treatment and management

Quality statement

Adults with irritable bowel syndrome have a review of treatment and management at least once a year.

Rationale

Regular review of treatment and management ensures that people with irritable bowel syndrome continue to be supported to manage their condition and to improve or maintain their quality of life. Although the frequency of review should be agreed based on whether the condition is stable and well-managed, a review at least once a year should give the opportunity for reviewing and optimising medicines, considering new treatments, reviewing management alongside other related conditions, and prompting further investigations or referrals if red flag indicators emerge.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with irritable bowel syndrome have a review of treatment and management at least once a year.

Data source: Local data collection.

Process

Proportion of adults with irritable bowel syndrome who have a review of treatment and management at least once a year.

Numerator – the number in the denominator who have a review of treatment and management at least once a year.

Denominator – the number of adults with irritable bowel syndrome.

Data source: Local data collection.

Outcomes

a) People with irritable bowel syndrome feel confident to manage their condition.

Data source Local data collection.

b) Satisfaction with the care received by people with irritable bowel syndrome.

Data source: Local data collection.

c) Attendances at accident and emergency departments due to symptoms of irritable bowel syndrome.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (GP practices) ensure that adults with irritable bowel syndrome have a review of treatment and management at least once a year. Review can be a face-to-face appointment or a telephone consultation.

Healthcare professionals in primary care (GPs) review treatment and management for adults with irritable bowel syndrome at least once a year. This can be at a face-to-face appointment or, where appropriate, as a telephone consultation.

Commissioners (Clinical commissioning groups and NHS England) commission services that provide adults with irritable bowel syndrome a review of treatment and management at least once a year.

What the quality statement means for patients, service users and carers

Adults with irritable bowel syndrome have the opportunity to discuss with their healthcare professional their symptoms and their medications at least once a year. The appointment can take place either face-to-face or by telephone, as agreed with their healthcare professional.

Source guidance

- [Irritable bowel syndrome in adults](#) (2008) NICE guideline CG61, recommendation 1.2.5.1

Definitions of terms used in this quality statement

Review of treatment and management

This is an opportunity for a person with irritable bowel syndrome to discuss their symptoms and their management with their healthcare professional. This appointment can take place at a frequency agreed by the person and their healthcare professional, or as part of their annual review, and can take the form they feel is the most appropriate, such as attending the GP practice or in a telephone conversation.

[Adapted from [Irritable bowel syndrome in adults](#) (NICE guideline CG61), recommendation 1.2.5.1 and expert opinion]

Red flag indicators

These are symptoms which require referral to secondary care and are as follows:

- rectal bleeding
- unexplained unintentional weight loss
- family history of bowel cancer or ovarian cancer
- family history of coeliac disease
- late onset (age over 60 years)
- anaemia
- abdominal masses
- rectal masses
- inflammatory markers for inflammatory bowel disease
- a change in bowel habit to looser stools, more frequent stools or both, persisting for more than 6 weeks in a person over 60 years.

[Adapted from [Irritable bowel syndrome in adults](#) (NICE guideline CG61), recommendations 1.1.1.2 and 1.1.1.3 (key priorities for implementation) and expert opinion]

Status of this quality standard

This is the draft quality standard released for consultation from 28 August to 25 September 2015. It is not NICE's final quality standard on irritable bowel syndrome. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 25 September 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from February 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between healthcare professionals and adults with irritable bowel syndrome is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults with irritable bowel syndrome should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#).

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Irritable bowel syndrome in adults](#) (2008) NICE guideline CG61

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Health and Social Care Information Centre (2011) [Provisional monthly hospital episode statistics for admitted patient care, outpatients and accident and emergency data – April 2011 to December 2011: topic of interest: irritable bowel syndrome](#)

Related NICE quality standards

Published

- [Inflammatory bowel disease](#) (2015) NICE quality standard 81
- [Constipation in children and young people](#) (2014) NICE quality standard 62
- [Patient experience in adult NHS services](#) (2012) NICE quality standard 15

In development

- [Coeliac disease](#) Publication expected August 2016.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

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Lay member

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway on [Irritable bowel syndrome in adults](#).

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