

From the Deputy Chief Medical Officer  
**Dr Paddy Woods**



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

## **Circular HSC (SQSD) (NICE CG61) 16/15**

**Subject: NICE Clinical Guideline CG61 – Irritable bowel syndrome in adults: diagnosis and management of irritable bowel syndrome in primary care - Addendum**

**For action by:**

Chief Executive of HSC Board – **for distribution to:**

All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – **for cascade to:**

Head of Pharmacy and Medicines Management  
Family Practitioner Services Leads – for cascade to relevant  
Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**

Director of Public Health and Medical Director – for cascade  
to relevant staff  
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to relevant staff  
Directors of Nursing – for cascade to relevant staff  
Heads of Pharmaceutical Services – for cascade to relevant  
staff  
Directors of Acute Services – for cascade to relevant staff  
HSC Clinical and Social Governance Leads  
Directors of Social Services – for cascade to relevant staff  
Directors of Finance – for cascade to relevant staff  
AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

**For Information to:**

Chair of HSC Board  
Chair of Public Health Agency  
Chairs of HSC Trusts  
Chair of RQIA  
NICE Implementation Facilitator NI  
Members of NI NICE Managers' Forum

**Summary of Contents:** The addendum to this guidance has added to and updated recommendations on dietary and lifestyle advice and pharmacological therapy (Sections 1.2.1 and 1.2.2).

**Enquiries:**

Any enquiries about the content of this Circular should be addressed to:

Standards & Guidelines Quality Unit  
DHSSPS  
Room D1.4  
Castle Buildings  
Stormont Estate  
BELFAST  
BT4 3SQ

[SGU-NICEGuidance@dhsspsni.gov.uk](mailto:SGU-NICEGuidance@dhsspsni.gov.uk)

**Circular Reference: HSC (SQSD) (NICE CG61) 16/15**

**Date of Issue: 15 May 2015**

**Related documents:**

**HSC (SQSD) 3/13**

**Superseded documents**

HSC (SQSD) (NICE) 08/09 CG 61

**Status of Contents:**

Action

**Implementation:**

As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

**Additional copies:**

Available to download from

<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm>

**Dear Colleagues**

**NICE Clinical Guideline CG61 - Irritable bowel syndrome in adults: diagnosis and management of irritable bowel syndrome in primary care - Addendum**  
**(<http://www.nice.org.uk/guidance/cg61>)**

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

**This circular updates and replaces HSC (SQSD) (NICE) 08/09 CG 61. Given the age of the original guidance, assurance will be sought in relation to the whole guideline.**

In accordance with the process outlined in circular HSC (SQSD) 3/13 ([http://www.dhsspsni.gov.uk/hsc\\_sqsd\\_3\\_13.pdf](http://www.dhsspsni.gov.uk/hsc_sqsd_3_13.pdf)), the following actions should be taken

1. HSC Board / PHA
  - a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
  - b. Ensure that relevant guidance is sent to the appropriate Family Practitioners and liaise with Primary Care as necessary.
  - c. Report to DHSSPS as required at 6 monthly accountability meetings.
2. HSC Trusts
  - a. As this guidance relates to the diagnosis and management of Irritable Bowel Syndrome in a primary care setting, Trusts should disseminate the guidance for information.
  - b. Trusts should note that the emergence of any 'red-flag' symptoms during management and follow-up in primary care may result in a referral to secondary care.
3. RQIA
  - a. Disseminate the Guideline to the independent sector as appropriate.
4. HSC Special Agencies and NDPBs
  - a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review including estimates of costs / savings based on the NICE costing template, where this is applicable. You should also consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department's website (<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance/sqsd-guidance-nice-guidance.htm>).

A handwritten signature in cursive script, appearing to read 'Paddy Woods', written in dark ink.

**Dr Paddy Woods**  
**Deputy Chief Medical Officer**

## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

Reference Number	<a href="#">NICE Clinical Guideline - CG61</a>
Title	Irritable bowel syndrome in adults: diagnosis and management of irritable bowel syndrome in primary care - Addendum
Summary of guidance	<p>The advice in the NICE guideline covers the care of adults with irritable bowel syndrome, including:</p> <ul style="list-style-type: none"> <li>• the support, treatment and advice people should be offered by their GP in diagnosing and helping to manage their irritable bowel syndrome</li> <li>• circumstances when people need to be referred to a specialist for further tests.</li> </ul> <p>The addendum to this guidance has added to and updated recommendations on dietary and lifestyle advice and pharmacological therapy in Sections 1.2.1 and 1.2.2.</p>
Related strategically relevant DHSSPS / HSC policies	None
Inter-Departmental interest	None
Legislative / policy caveats	<p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p> <p>Where the guidance indicates that informed consent should be obtained and documented, the DHSSPS guidance 'Reference Guide to Consent for Examination, Treatment or Care (2003)', which is available on the DHSSPS website, gives advice on the law concerning consent to intervention. Available from: <a href="http://www.dhsspsni.gov.uk/consent-referenceguide.pdf">http://www.dhsspsni.gov.uk/consent-referenceguide.pdf</a></p> <p>It should be noted that this guidance contains some</p>

recommendations for off-label use of medicines. Trusts and practitioners must be aware of their responsibilities and ensure that appropriate policies are in place when medicines are used off-label.

Where the guidance refers to the Mental Capacity Act 2005 supplementary code of practice on deprivation of liberty safeguards, Northern Ireland health professionals should refer to interim guidance on deprivation of liberty safeguards (2010).

Available from: <http://www.dhsspsni.gov.uk/revised-circular-deprivation-of-liberty-safeguards-october-2010.pdf>