From the Deputy Chief Medical Officer
Dr Paddy Woods

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

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Superseded documents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


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), 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).

Dr Paddy Woods
Deputy Chief Medical Officer
## Endorsed NICE guidance - Details from Departmental review

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>NICE Clinical Guideline - CG61</th>
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<tbody>
<tr>
<td>Title</td>
<td>Irritable bowel syndrome in adults: diagnosis and management of irritable bowel syndrome in primary care - Addendum</td>
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| Summary of guidance | The advice in the NICE guideline covers the care of adults with irritable bowel syndrome, including:  
  - the support, treatment and advice people should be offered by their GP in diagnosing and helping to manage their irritable bowel syndrome  
  - circumstances when people need to be referred to a specialist for further tests.  
  
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. |
| Related strategically relevant DHSSPS / HSC policies | None |
| Inter-Departmental interest | None |
| Legislative / policy caveats | 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.  
  
  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: [http://www.dhsspsni.gov.uk/consent-referenceguide.pdf](http://www.dhsspsni.gov.uk/consent-referenceguide.pdf)  
  
  It should be noted that this guidance contains some |
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.