



UK Inflammatory Bowel Disease Audit 3rd Round

Report of the results for the national
organisational audit of adult inflammatory
bowel disease services in the UK

Prepared by the UK IBD Audit Steering Group
on behalf of

- Association of Coloproctology of Great Britain and Ireland
- British Society of Gastroenterology
- British Society of Paediatric Gastroenterology, Hepatology and Nutrition
- Clinical Effectiveness & Evaluation Unit, Royal College of Physicians of London
- Crohn's and Colitis UK

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HQIP
Healthcare Quality
Improvement Partnership



BSPGHAN
working for children with
digestive and liver disorders
British Society of Paediatric Gastroenterology Hepatology and Nutrition



**Healthcare
Improvement
Scotland**

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- Crohn's and Colitis UK

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***Note on the term “site” used throughout this report**

Lead clinicians (in almost every instance a Consultant Gastroenterologist) that were initially contacted within each Trust/Health Board to register to take part in the UK IBD Audit 3rd round, were asked to participate and collect data on the basis of a unified IBD Service which would be registered as a named “site”. This was typically a single hospital within the Trust/Health Board. Where a Trust/Health Board had more than one hospital offering independent IBD Services they entered data for separate “sites”. Some institutions running a coordinated IBD Service across two or more hospitals with the same staff completed the audit as one Trust/Health Board-wide site.

UK IBD Audit 3rd Round (2010) – National results for the Organisation & Structure of Adult IBD Services

Section 1: Executive Summary

Background

The Inflammatory Bowel Diseases, Ulcerative Colitis (UC) and Crohn's Disease (CD), are common causes of gastrointestinal morbidity affecting up to 0.5% of western populations. There are an estimated 240,000 people in the UK with IBD. The total cost of IBD to the NHS now probably exceeds £1 billion based on an average cost of £3,000 per patient per year¹ and may be considerably more as recent cost estimates have not accounted for the rapid expansion in the use of biological drugs.

The UK Inflammatory Bowel Disease Audit 1st Round in 2006 was the first UK-wide audit performed within gastroenterology. It demonstrated a marked variation in the resources and quality of care for IBD patients across the UK with particular deficits in some fundamental aspects of IBD care. The 1st Round of the audit was widely supported by clinicians with 75% of applicable UK hospitals participating. Following publication of the results, change implementation was supported by regional meetings, a web based document repository and selected hospital visits.

The UK IBD Audit 2nd round in 2008 identified that many services for patients with IBD had improved; however, there was still wide variation in the provision of care and many services had not improved at all. Success stories included the provision of prophylactic heparin, more designated specialist ward areas and specialist nurses, and more nursing sessions, but toilet facilities and provision of psychological support still remained very poor, indicating a continuing need for service improvement.

Rounds 1 and 2 of the UK IBD Audit measured IBD Services against standards agreed by the UK IBD Audit Steering Group. These were presumptive standards based on the 2004 British Society of Gastroenterology Guidelines for the management of IBD in adults. Following the first round of UK IBD audit a multidisciplinary working party was established to develop National Service Standards for the healthcare of people who have Inflammatory Bowel Disease. These were published in February 2009 (<http://www.ibdstandards.org.uk>), in parallel with the second round audit report. The 3rd round Organisational Audit that is addressed in this report has a dataset directly aligned against the National Service Standards hence differing in a number of respects from that of the first and second rounds.

The aim of the National Service Standards for the healthcare of people who have Inflammatory Bowel Disease is that IBD patients receive consistent, high-quality care and that IBD Services throughout the UK are knowledge-based, engaged in local and national networking, based on modern IT and meet specific minimum standards. Some of the agreed standards that should be in place for staffing and facilities are population dependent, based on the need for cross-cover and the defined population of 250,000. It was recommended that IBD Services should meet the standards by September 2010. In this 3rd round of the audit we therefore asked participating sites to complete the dataset for the situation in their own IBD Service "as at" the 1st September 2010.

The reports for rounds 1 and 2 assessed the Organisation & Structure of IBD Services as well as the Processes of Clinical Care for up to 40 patients per site who were admitted to hospital for reasons primarily related to IBD. These 2 elements have been split for the 3rd round and this report addresses only the Organisation & Structure of Adult IBD Services across the UK. The report on the Processes of Clinical Care will be launched in spring 2012.

1. Luces C, Bodger K. Economic burden of inflammatory bowel disease: a UK perspective. Expert Review of Pharmacoeconomics & Outcomes Research 2006; 6(4):471-482.

Summary

Organisation and structural data from the 3rd round UK IBD audit has shown sustained improvement in many aspects of patient care providing clear evidence of the commitment of many clinicians to quality improvement in IBD. Over 90% of acute Trusts and Health Boards in the UK participated in this round and we again thank those that have given their time and effort to the UK IBD Audit.

Clinical activity has remained stable but there has been a significant drop in the number of operations performed over the 3 rounds of audit, raising interesting questions about changing management of IBD.

There has been sustained improvement in the number of sites with at least some provision of IBD nurses (although most of these sites still have less than the minimum level of this specialist nursing support recommended in the IBD Standards). There has been a rapid expansion in the provision of dedicated gastrointestinal wards, now seen in 90% of sites. Multidisciplinary working is widespread with three quarters of sites having IBD Multidisciplinary Team meetings.

One area of particular improvement is access to specialist advice with over 90% of sites reporting that they see relapsing patients within 7 days, 90% having a telephone helpline and 80% providing written information on who to contact in the event of a relapse. 99% of sites state that they provide written information on IBD to patients.

There has also been improvement in the provision of joint or parallel clinics, availability of laparoscopic surgery, guidelines for the management of acute severe ulcerative colitis, patient involvement in service development and IBD databases although some of these remain at relatively low levels.

The access to dietetic services appears to be very good but it is clear from the clinical data from previous rounds of audit that relatively few IBD patients actually saw a dietician during an admission. Clinical audit data, available in 2012, will demonstrate if this continues to be the case. There may be a need to ensure that the services that are available do actually reach patients.

There has been a very small improvement in the number of beds per toilet but this remains below acceptable levels and 24% of toilets are mixed sex. The provision of psychological support or counselling remains at very low levels and business cases to enhance the IBD team are seldom successful.

Relatively few patients aged 16 or below are cared for in adult hospitals but it is clear that services for these individuals are suboptimal. This possibility should be examined by each site as a matter of urgency. There should be a continued focus on multidisciplinary working to ensure that this vital aspect of IBD care is not eroded by other increasing pressures. Other areas for improvement include improving links with primary care and improving education and training opportunities for IBD nurses which appear to be at pitiful levels.

Sites are encouraged to access and contribute towards the Shared Document Store on the IBD Quality Improvement Project (IBDQIP) website: www.ibdqip.co.uk which provides access to tools that sites can use to implement change within their IBD Service. These data have demonstrated continuing sustained quality improvement in IBD care with the National IBD Service Standards clearly impacting on this process. It is important that this continues and the key action points are as follows:

- Health departments in England, Northern Ireland, Scotland and Wales must support future rounds of the UK IBD Audit in order that quality improvement in IBD care is sustained.
- All NHS Trusts/Health Boards should review their local audit results in relation to the new IBD National Service Standards and take any necessary action to improve their IBD Services.
- Professional organisations should support and direct change, at a national level, for the issues identified in this report as requiring improvement

Key Findings and Recommendations for action from the National Results

The Key Findings and Recommendations for the 3rd round are presented in line with the 6 core areas (A to F) of the **National Service Standards for the healthcare of people who have Inflammatory Bowel Disease**.



IBD Standards



Standard A. High quality clinical care

Standard B. Local delivery of care

Standard C. Maintaining a patient-centred service

Standard D. Patient education and support

Standard E. Information technology and audit

Standard F. Evidence-based practice and research

General Hospital Demographics & Inpatient Activity

Key findings:

- The number of admissions for both ulcerative colitis and Crohn's disease has remained stable
- The median number of operations performed per site for both ulcerative colitis and Crohn's disease has significantly reduced over 3 rounds of audit (for ulcerative colitis a median of 11 in 2006, 10 in 2008 and 8 in 2010 and for Crohn's disease a median of 17 in 2006, 13 in 2008 and 12 in 2010)
- Patients aged 16 and under are admitted to adult services widely but in small numbers. Age specific services for these patients are substandard
- Although the use of IT has widely increased many sites do not know how many patients they treat, with 85% of sites indicating that they had to estimate this figure

Key recommendations:

- All adult sites that admit patients aged 16 and under should review their service and ensure that age appropriate services are available for these patients as a matter of urgency
- The appropriate level of service provision depends on the number of patients being seen with accurate data being key to any application for increased resources. An IBD database should include a list of all individuals being treated by the service

Standard A – High Quality Clinical Care

High quality, safe and integrated clinical care for IBD patients, based on multi-disciplinary team working and effective collaboration across NHS organisational structures and boundaries.

Key findings:

- There has been a steady improvement in the provision of IBD nurses but most sites remain below levels set out in the national standards of 1.5 WTE IBD nurses per 250 000 population
- Three quarters of services have a named clinical lead with relatively good support from services such as radiology and pathology
- A named pharmacist with an interest in IBD is a part of the IBD team in less than 50% of sites with only 9% of IBD meetings having regular pharmacy input
- Defined access to psychologists and counsellors with an interest in IBD is only available in 24% and 9% of sites respectively
- Multidisciplinary team meeting take place in three quarters of sites
- Access to dietetic services as reported by sites appears very good in contrast to the clinical audit data from round 2 which showed that few inpatients received any dietetic input
- Pouch surgery continues to be performed in 80% of sites with a median number of only 3 per year
- There has been a notable increase in dedicated GI wards, now present in 90% of sites
- On average there are 4 beds per toilet with 24% being mixed sex. This is below the minimum standard of 1 toilet per 3 beds
- A high level of service is provided for diagnostic services
- 80% of sites have facilities for an annual patient review with most sites using traditional clinic based models of care

Key recommendations:

- Sites should work to establish an identifiable IBD team with a named clinical lead
- Clinical pharmacy support for the IBD team should be strengthened given the high cost and complexity of the drug regimes that are often used
- Colorectal surgeons should be encouraged to enter the data on pouch operations onto the ACPGBI Ileal Pouch Registry: <http://www.acpgbi.org.uk/research/ileal>
- Sites should work to engage psychology and counselling services.
- IBD Team meetings and multidisciplinary working should remain a focus of the IBD team in the face of opposing pressures
- Any opportunity to improve the bed to toilet ratio should be grasped and IBD teams should seek to create solutions within a defined timescale.

Standard B – Local delivery of care

Care for IBD patients that is delivered as locally as possible, but with rapid access to more specialised services when needed.

Key findings:

- Only one third of sites have a protocol in place with GPs for the shared outpatient management of IBD patients and where they do it is only shared with the patient in 66% of these sites, most often verbally

Key recommendations:

- Recent changes within the NHS will mean more frequent movement of patients between primary and secondary care. It therefore becomes vital that protocols are in place to ensure that the necessary access to secondary care is available in a timely manner, that the appropriate follow up is undertaken and that patients should receive a written statement of their management plan
- Agreed protocols between primary and secondary care will facilitate this and sites should work to establish these

Standard C – Maintaining a patient-centred service

Care for IBD patients that is patient-centred, responsive to individual needs and offers choice of clinical care and management where possible and appropriate.

Key findings:

- Rapid access to specialist services is good with 94% of sites offering expedited review and 92% reporting that they see patients within 7 days of referral. A range of contact options are available in many sites
- Written information about IBD is available in 99% of sites, most commonly produced by Crohn's and Colitis UK
- A choice of follow up options is available in only 51% of sites
- Patient involvement in service improvement is at relatively low levels but is improving with a number of alternative methods being used

Key recommendations:

- Significant improvement has been made in this area and sites should be encouraged to offer a range of follow up options and to involve their patients in service development

Standard D – Patient education and support

Care for IBD patients that assists patients and their families in understanding Inflammatory Bowel Disease and how it is managed and that supports them in achieving the best quality of life possible within the constraints of the illness.

Key findings:

- Translation services are widely available but written information is available in languages other than English in only 35% of sites
- A written care plan for patients is only available in 33% of sites
- Formal educational opportunities for patients are available in 57% of sites
- There is very wide spread contact with patient organisations with 99% of sites giving contact information, most commonly for Crohn's and Colitis UK

Key recommendations:

- Sites should work to develop written care plans for patients if these do not exist with priority given to newly diagnosed patients and those receiving immunomodulators and biological therapies

Standard E – Information technology and audit

An IBD Service that uses IT effectively to support patient care and to optimise clinical management through data collection and audit.

Key findings:

- A register of IBD patients is kept in 55% of sites. Some include all IBD patients, but the majority include specific treatment groups
- A real time data collection system to support the management of patients is used in 19% of sites
- Only 10% of sites submit data to other national or international audits about IBD

Key recommendations:

- Sites should ensure robust mechanisms are in place to capture at least basic data on all IBD patients

Standard F – Evidence-based practice and research

A service that is knowledge-based and actively supports service improvement and clinical research

Key findings:

- IBD nurse education is poor with a median of only 2 days per year
- 35% of sites are participating in UKCRN portfolio IBD studies
- An annual review of the IBD Service is held in only 22% of sites

Key recommendations:

- Sites need to ensure that IBD nurses have access to sufficient educational opportunities to maintain their specialist knowledge and skills
- All sites should be encouraged to participate in clinical research
- All IBD Teams should hold an annual review of their service

The Burden of Inflammatory Bowel Disease

IBD, comprising Ulcerative Colitis (UC) and Crohn's Disease (CD), affects around 240,000 people in the UK, and is now estimated to cost the NHS an in excess of £1 billion. Both conditions are lifelong and follow an unpredictable relapsing and remitting course. The conditions are managed through medication, but half of patients who have UC will need surgery, and four in five patients who have CD will need at least one surgical operation in their lifetime. These diseases are most commonly diagnosed in young adults and have wide-ranging effects on growth and development, mental health, education and work prospects, family life and pregnancy and conception. Good diagnosis and management by a multidisciplinary specialist team can make a major difference to a patient's life.

Up to 25% of cases will present in childhood years² with a marked rise in incidence of paediatric IBD noted, especially in Crohn's Disease, in the UK and other countries over the past few decades.

UK IBD Audit Aims

The UK IBD Audit seeks to improve the quality and safety of care for IBD patients in hospitals throughout the UK by auditing individual patient care and the provision and organisation of IBD service resources.

As with the first two rounds this 3rd Round report enables each participating site to compare or benchmark their performance against national statistics. Between the first two rounds the UK IBD Audit Steering Group looked to facilitate, develop and instigate intervention strategies to improve the provision and quality of IBD patient care. This comprised the widespread dissemination of results to participating sites through the registered site clinical leads (normally a Consultant Gastroenterologist) as well as hospital board management. The 1st and 2nd Round National Reports were available publicly via the UK IBD Audit section within the Clinical Effectiveness and Evaluation Unit area of the Royal College of Physicians website. Following the publication of the national reports for each of rounds 1 and 2 the UK IBD Audit hosted 8 very well-attended country/regional meetings throughout the UK to discuss the audit results with members of local IBD services. Data from both rounds was also presented at key professional and patient national meetings including those of the: British Society of Gastroenterology, Association of Coloproctology of Great Britain & Ireland, British Dietetic Association, Royal College of Nursing (IBD Nurse Forum), National Association for Colitis and Crohn's Disease (now Crohn's and Colitis UK).

A number of participating sites collaborated with members of the UK IBD Audit Steering Group to develop a model "Action Plan" for IBD Services that addressed the key messages from the 1st round report. The model action plan was accessible via the internet and contained freely adaptable reference documents such as care pathways, model business cases for IBD Nurse posts and patient information leaflets that could be downloaded and edited to meet local requirements. The Steering Group also piloted site visits to 23 of the hospitals that participated in the 1st round of the IBD Audit during which a clinical member of the IBD Audit Steering Group worked alongside the health professional team responsible for IBD care to develop an action plan for their IBD Service that would address areas identified in their 1st round site specific report as requiring improvement.

Audit Governance

The audit is a collaborative partnership between Gastroenterologists (the British Society of Gastroenterology), Colorectal Surgeons (the Association of Coloproctology of Great Britain and Ireland), Patients (Crohn's and Colitis UK) and Physicians (the Royal College of Physicians of London).

Since the 2nd round (2008) the UK IBD Audit encompasses IBD patients of all ages having worked with the British Society of Paediatric Gastroenterology, Hepatology and Nutrition to develop a separate dataset which measures against standards that are specific to the Organisation of Paediatric IBD Services in the UK at specialist Paediatric Gastroenterology sites across the UK. The National Report for the Organisation of Paediatric Inflammatory Bowel Disease Services in the UK will therefore be published separately by the UK IBD Audit Steering Group in conjunction with this adult report.

The UK IBD Audit 3rd round is commissioned by the Healthcare Quality Improvement Partnership as part of the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#) with additional financial support from NHS Quality Improvement Scotland.

The audit is co-ordinated by the Clinical Effectiveness and Evaluation unit (CEEu) of the Royal College of Physicians of London. Each site identified an overall clinical lead who was responsible for data collection and entry for their IBD Service. Data were collected by hospitals using a standardised method. The audit was guided by a multidisciplinary UK IBD Audit Steering Group (Appendix 1) which oversaw the preparation, conduct, analysis and reporting of the audit. Any enquiries in relation to the work of the UK IBD Audit can be directed to: ibd.audit@rcplondon.ac.uk

Who participated in the 3rd Round?

Hospitals were eligible if they routinely admit IBD patients acutely. 202 sites submitted data (England 162, Northern Ireland 11, Scotland 13, Wales 15, Channel Islands 1). Of these 202 sites, 147 were single hospital sites within a Trust, 26 were Trust-wide sites combining 2 hospitals and 1 was a Trust-wide site combining 3 hospitals.

We achieved 90% (160/177) participation at a Trust/Health Board level. This response was achieved through the hard work and time-commitment of both clinical teams involved in the management of patients with IBD and their colleagues in clinical audit and IT departments.

The audit of the organisation of IBD services was intended to be 'as of 1st September 2010' (together with activity data for all admissions for IBD (including multiple admissions for IBD for the same patient) from 1st June 2009 through to 31st August 2010) and 202 sites submitted data.

Presentation of Results

Key Indicator results are given for the Organisation & Structure of Adult IBD Services in the UK.

Key indicator results:

- Table 1: Shows key indicator data from the overall UK 2010 results, including site medians and Inter-Quartile range (IQR) statistics. Alongside each data item we show under the column YOUR SITE where we would give the results for each participating site in their individual site report.
- Table 2: Compares key indicator data from the 2nd (2008) and 3rd (2010) UK IBD Audit rounds for the 175 sites that participated in both rounds with the same site composition.
- Table 3: Compares key indicator data from the 1st (2006), 2nd (2008) and 3rd (2010) UK IBD Audit rounds for the 116 sites that participated in all three rounds with the same site composition.
- Table 4: Compares key indicator data for 2010 for England, Northern Ireland, Scotland and Wales
- Table 5: Shows the complete overall UK 2010 results for every question asked during the UK IBD Audit 3rd round. Alongside each data item we show under the column YOUR SITE where we would give the results for each participating site in their individual site report.
- The tables in Section 6 show selected site-specific Key indicator data for 2010 for each of the 202 sites that participated in this 3rd round.

Table 1: 2010 combined UK Key indicator data from all 202 participating sites with “Your Site” comparison

(one site only entered data against Standard A)

		UK 2010 (as at 1 st Sept 2010)	Your Site (as at 1 st Sept 2010)
Hospital Demographics			
How many IBD patients does your service manage?	Median (IQR)	788 (500, 1497)	
This figure is an estimate:		85% (171)	
This figure is from a site IBD database		15% (31)	
Inpatient Activity			
Number of admissions of patients* discharged with a primary diagnosis of Ulcerative Colitis :	Median (IQR)	47 (24, 86)	
Number of admissions of patients* discharged with a primary diagnosis of Crohn's Disease :	Median (IQR)	63 (33, 109)	
*aged 17 and over at the date of admission between 1st September 2009 and 31st August 2010			
Number of admissions of patients* discharged having had an operation where the primary indication was Ulcerative Colitis:	Median (IQR)	8 (3, 18)	
Number of admissions of patients* discharged having had an operation where the primary indication was Crohn's Disease:	Median (IQR)	12 (6, 25)	
*aged 17 and over at the date of admission between 1st September 2009 and 31st August 2010			
Standard A1 – The IBD Team			
Does the IBD Service have a named clinical lead?		Yes = 76% (154/202)	
Number of WTE IBD Nurse Specialists on site:	Median (IQR)	1 (0, 1)	
Sites with <u>at least</u> 1.5 WTE IBD Nurse Specialists on site:		Yes = 21% (43/202)	
Sites with <u>at least some</u> *IBD Nurse Specialist provision * = greater than 0.0 WTE		Yes = 72% (145/202)	
How many WTE Dieticians are allocated to gastroenterology?	Median (IQR)	0.5 (0, 1)	
Is there a named Pharmacist with an interest in gastroenterology attached to the IBD team? Median (IQR)		Yes = 47% (94/202)	
Standard A2 – Essential Support Services			
Do you have defined access to a Psychologist with an interest in IBD?		Yes = 24% (49/202)	
Standard A3 – Multidisciplinary Working			
Do you have regular timetabled IBD Team meetings to discuss IBD patients?		Yes = 75% (152/202)	
Do both Consultant Gastroenterologists and Colorectal Surgeons regularly attend the IBD Team meetings?		Yes = 67% (136/202)	
Sites that hold parallel gastroenterology/colorectal surgery clinics (where IBD patients are seen)		45% (91/202)	
Sites that hold joint or parallel gastroenterology/colorectal surgery clinics (where IBD patients are seen)		56% (114/202)	
Standard A4 – Referral of Suspected IBD Patients			
What is the waiting time for an urgent IBD clinic appointment?	Median (days)	7 (5,14)	
Standard A5 – Access to nutritional support and therapy			
Sites with a hospital multidisciplinary nutrition team		Yes = 72% (146/202)	
Do IBD patients have access to a dietitian for	a) General Dietary Advice b) Nutritional Support	97% (196/202) 99% (201/202)	
Standard A7 – Surgery for IBD			
Sites where surgeons perform ileo-anal pouch surgery on site		Yes = 79%(159/202)	
If yes, how many ileo-anal pouch operations performed:	Median (IQR)	3 (1,6)	
Standard A8 – Inpatient Facilities			
Sites with a designated Gastroenterology ward on site		Yes = 89% (180/202)	
If yes, Beds per lavatory on the ward:	Median (IQR)	4 (3,6)	
Are any of the toilets mixed-sex?		Yes = 24% (43/202)	
Standard A10 – Inpatient Care			
Do arrangements exist for admitting existing IBD patients direct to the specialist Gastroenterology ward or area?		Yes = 74% (149/202)	
Sites with guidelines for the management of Acute Severe Colitis		Yes = 79% (159/202)	
Standard A12 – Arrangements for the Care of Children and Young People who have IBD			
Does your IBD Service look after any patients aged 16 and under?		Yes = 39% (78/202)	
If Yes, is this done by, or in conjunction/discussion with, either a paediatric gastroenterologist or a paediatrician with an interest in gastroenterology?		Yes = 73% (57/78)	

For paediatric patients undergoing endoscopy, is there:		
An appropriate endoscopy area with age appropriate facilities?		Yes = 53% (41/78)
Someone with training or extensive experience in paediatric endoscopy?		Yes = 56% (44/78)
An Anaesthetist with paediatric training?		Yes = 68% (53/78)
Does your IBD Service have any of the following personnel with suitable paediatric experience?		
A Surgeon		Yes = 47% (37/78)
A radiologist (performing and reporting)?		Yes = 58% (45/78)
A dietitian (including the use of exclusive enteral feeding)?		Yes = 72% (56/78)
An IBD/GI Nurse Specialist?		Yes = 31% (24/78)
Does your unit have a specific paediatric to adult transition policy?		Yes = 36% (73/202)
If yes, is transition co-ordinated by a named individual?		Yes = 95% (69/73)
Standard C2 – Rapid access to specialist advice		
Is there written information for patients with IBD on whom to contact in the event of a relapse?		Yes = 79% (159)
Sites where relapsing IBD patients can expect to be seen for specialist review within 7 days		Yes = 88% (176/201)
Sites where patients have access to contact an IBD specialist by :	Telephone	Yes = 95% (190/201)
	Drop-in clinic	Yes = 10% (21/201)
	Email	Yes = 55% (111/201)
	None	Yes = 1% (3/201)
Standard C5 – Involvement of patients in service improvement		
Sites that have Patient Panel meetings in place to involve patients in giving their views on the development of the IBD service		Yes = 17% (35/201)
Standard E2 – Developing an IBD Database		
Sites that capture clinical data about the IBD patients under their care on a database		48% (97/201)

Table 2: Key indicator results (2008 and 2010) for sites participating in both rounds

This table compares the national audit results from 2008 with the national audit results from 2010 for the 175* sites that took part in both rounds with the same site composition. This gives an indication of the potential impact of the audit process.

		National 2008 (as at 1 st Sept 2008)	National 2010 (as at 1 st Sept 2010)	p value
Patients discharged with a primary diagnosis of Ulcerative Colitis: (IQR) 2010 - aged 17 and over at the date of admission between 1st September 2009 and 31st August 2010 2008 - aged 16 and over at the date of admission between 1st September 2007 and 31st August 2008	Median	47 (24-90), n=175	48 (26-86), n=175	0.895
Patients discharged with a primary diagnosis of Crohn's Disease: (IQR) 2010 - aged 17 and over at the date of admission between 1st September 2009 and 31st August 2010 2008 - aged 16 and over at the date of admission between 1st September 2007 and 31st August 2008	Median	61 (32-111), n=175	59 (33-104), n=175	0.927
Patients discharged having had an operation, primary indication Ulcerative Colitis:	Median (IQR)	10 (3-18), n=175	9 (3-20), n=175	0.522
Patients discharged having had an operation, primary indication Crohn's Disease:	Median (IQR)	13 (7-27), n=175	12 (6-26), n=175	0.313
Standard A1 – The IBD Team				
IBD Nurse Specialists on site (WTE):	Median (IQR)	0.6 (0-1), n=174	1 (0-1), n=175	0.026
Sites with at least 1.5 WTE IBD Nurse Specialists		26/174 (14.9%)	37/175 (21.1%)	0.132
Sites with at least some* IBD Nurse Specialist provision * = greater than 0 WTE	Median (IQR)	62% (109/174)	74% (129/175)	0.026
Standard A3 – Multidisciplinary Working				
Timetabled meetings (where IBD patients are discussed) take place between Gastroenterologists and Colorectal Surgeons		68% (119/174)	68% (119/175)	0.938
Sites that hold parallel gastroenterology/colorectal surgery clinics (where IBD patients are seen)		38% (67/175)	46% (80/175)	0.159
Sites that hold joint or parallel gastroenterology/colorectal surgery clinics (where IBD patients are seen)		50% (87/175)	57% (100/175)	0.164
Standard A5 – Access to nutritional support and therapy				
Sites with a hospital multidisciplinary nutrition team	Median (IQR)	74% (129/174)	73% (127/175)	0.741
Standard A7 – Surgery for IBD				
Sites where surgeons perform ileo-anal pouch surgery on site		81% (140/173)	80% (140/175)	0.828
If yes, how many ileo-anal pouch operations performed:	Median (IQR)	3 (1-7)	3 (1-6)	0.975
Standard A8 – Inpatient Facilities				
Sites with a designated Gastroenterology ward on site		77% (135/175)	90% (158/175)	0.001
If yes, Beds per lavatory on the ward:	Median (IQR)	4.2 (3.2-6.0)	4.0 (3.0-5.7)	0.235
Standard A10 – Inpatient Care				
Sites with guidelines for the management of Acute Severe Colitis		31% (119/173)	83% (145/175)	0.002
Standard C2 – Rapid access to specialist advice				
Sites that provide written information for patients with IBD on whom to contact in the event of a relapse	Median (IQR)	69% (120/174)	81% (140/174)	0.014
Sites where relapsing IBD patients can expect to be seen for specialist review within 7 days		69% (120/174)	89% (154/174)	<0.001
Sites where patients have access to contact an IBD specialist by :				
a) Telephone		86% (150/175)	94% (164/174)	0.008
b) Drop-in clinic		11% (20/175)	10% (17/174)	0.615
c) Email		40% (70/175)	56% (98/174)	0.002
Standard C5 – Involvement of patients in service improvement				
Sites that have Patient Panel meetings in place to involve patients in giving their views on the development of the IBD service		11% (19/175)	18% (31/174)	0.064
Standard E2 – Developing an IBD Database				
Sites that capture clinical data about the IBD patients under their care		38% (65/173)	51% (88/174)	0.015

*1 site in 2010 only entered data against Standard A

Table 3: Key indicator results (2006, 2008 and 2010) for sites participating in all 3 rounds

These tables compare the national audit results from 2006, 2008 and 2010 for the 116 sites that took part in all 3 rounds with the same site composition. This gives an indication of the potential impact of the audit process over the longest period of time.

		National 2006 (as at 1 st Sept 2006)	National 2008 (as at 1 st Sept 2008)	National 2010 (as at 1 st Sept 2010)	p value
Patients discharged with a primary diagnosis of Ulcerative Colitis: Median (IQR)		50 (24-109), n=116	45 (26-81), n=116	46 (22-77), n=116	0.537
2010 - aged 17 and over at the date of admission between 1st September 2009 and 31st August 2010					
2008 - aged 16 and over at the date of admission between 1st September 2007 and 31st August 2008					
2006 - aged 16 and over at the date of admission between 1st June 2005 and 31 st May 2006					
Patients discharged with a primary diagnosis of Crohn's Disease: Median (IQR)		62 (31-112), n=116	53 (31-112), n=116	53 (33-95), n=116	0.608
2010 - aged 17 and over at the date of admission between 1st September 2009 and 31st August 2010					
2008 - aged 16 and over at the date of admission between 1st September 2007 and 31st August 2008					
2006 - aged 16 and over at the date of admission between 1st June 2005 and 31 st May 2006					
Patients discharged having had an operation, primary indication Ulcerative Colitis: Median (IQR)		11 (5-30), n=116	10 (4-18), n=116	8 (3-18), n=116	0.007
Patients discharged having had an operation, primary indication Crohn's Disease: Median (IQR)		17 (9-40), n=116	13 (8-25), n=116	12 (6-24), n=116	0.015
Standard A1 – The IBD Team					
IBD Nurse Specialists on site (WTE):	Median (IQR)	1 (0-1), n=116	0.8 (0-1), n=116	1 (0.5-1), n=116	0.243
Sites with at least some IBD Nurse Specialist provision	Median (IQR)	56% (69/116)	68% (79/116)	78% (90/116)	0.012
Standard A3 – Multidisciplinary Working					
Sites where timetabled meetings (where IBD patients are discussed) take place between Gastroenterologists and Colorectal Surgeons		79% (91/116)	75% (87/116)	72% (83/116)	0.479
Sites that hold parallel gastroenterology/colorectal surgery clinics (where IBD patients are seen)		38% (44/116)	45% (52/116)	50% (58/116)	0.178
Sites that hold joint or parallel gastroenterology/colorectal surgery clinics (where IBD patients are seen)		46% (53/116)	55% (64/116)	60% (70/116)	0.076
Standard A5 – Access to nutritional support and therapy)					
Sites with a hospital multidisciplinary nutrition team	Median (IQR)	65% (75/116)	74% (86/116)	77% (89/116)	0.099
Standard A7 – Surgery for IBD					
Sites where surgeons perform ileo-anal pouch surgery on site		82% (94/115)	82% (94/115)	81% (94/116)	0.987
If yes, how many ileo-anal pouch operations performed:	Median (IQR)	4 (2-7)	3 (2-6)	3 (1-6)	0.624
Standard A8 – Inpatient Facilities					
Sites with a designated Gastroenterology ward on site		67% (78/116)	82% (95/116)	93% (108/116)	<0.001
If yes, Beds per lavatory on the ward:	Median (IQR)	4.5 (2.9-6.0)	4.2 (3.0-6.0)	4.0 (3.0-5.0)	0.526
Standard A10 – Inpatient Care					
Sites with guidelines for the management of Acute Severe Colitis		48% (55/155)	71% (82/115)	85% (98/115)	<0.001
Standard C2 – Rapid access to specialist advice)					
Sites that provide written information for patients with IBD on whom to contact in the event of a relapse	Median (IQR)	70% (81/115)	72% (83/116)	83% (96/116)	<0.001
Sites where relapsing IBD patients can expect to be seen for specialist review within 7 days		69% (120/174)	89% (154/174)	89% (154/174)	<0.001
Sites where patients have access to contact an IBD specialist by :					
a) Telephone		78% (90/116)	88% (102/116)	96% (111/116)	<0.001
b) Drop-in clinic		15% (17/116)	13% (15/116)	10% (12/116)	0.61
c) Email		31% (36/116)	45% (52/116)	58% (67/116)	<0.001
Standard C5 – Involvement of patients in service improvement					
Sites that have Patient Panel meetings in place to involve patients in giving their views on the development of the IBD service		8% (9/116)	12% (14/116)	21% (24/116)	0.014
Standard E2 – Developing an IBD Database					
Sites that capture clinical data about the IBD patients under their care		38% (44/116)	44% (51/116)	53% (61/116)	0.08

Table 4: 2010 Key indicator results for England, Northern Ireland, Scotland & Wales

(These results exclude data from 1 "Island's" site and 1 site in England that only answered Standard A)

	England 162	Northern Ireland 11	Scotland 13	Wales 15
Hospital Demographics				
How many IBD patients does your service manage?	900 (500, 1500)	500 (200, 700)	626 (500, 1200)	500 (300, 620)
This figure is an estimate:	84 (136)	100 (11)	85 (11)	80 (12)
This figure is from a site IBD database	16 (26)	0 (0)	15 (2)	20 (3)
Inpatient Activity				
Number of admissions of patients* discharged with a primary diagnosis of Ulcerative Colitis :	49 (27, 86)	39 (17, 60)	97 (39, 280)	24 (14, 60)
Number of admissions of patients* discharged with a primary diagnosis of Crohn's Disease :	63 (34, 110)	49 (12, 19)	109 (43, 338)	32 (12, 50)
*aged 17 and over at the date of admission between 1st September 2009 and 31st August 2010				
Number of admissions of patients* discharged having had an operation where the primary indication was Ulcerative Colitis :	8 (3, 17)	4 (3, 15)	45 (9, 96)	7 (4, 11)
Number of admissions of patients* discharged having had an operation where the primary indication was Crohn's Disease :	12 (6, 24)	10 (1, 17)	52 (18, 105)	8 (4, 21)
*aged 17 and over at the date of admission between 1st September 2009 and 31st August 2010				
Standard A1 – The IBD Team				
Does the IBD Service have a named clinical lead?	80 (129)	45 (5)	69 (9)	67 (10)
Number of WTE IBD Nurse Specialists on site:	1 (0.1, 1.3)	0 (0, 0)	1 (1, 1.5)	0.6 (0, 1)
Sites with at least 1.5 WTE IBD Nurse Specialists on site:	23 (28)	0 (0)	31 (4)	7 (1)
Sites with at least some *IBD Nurse Specialist provision	75 (122)	9 (1)	92 (12)	67 (10)
*= greater than 0.0 WTE				
How many WTE Dieticians are allocated to gastroenterology?	0.5 (0, 1)	0.5 (0, 0.8)	1 (0, 1)	0.5 (0, 1)
Is there a named Pharmacist with an interest in gastroenterology attached to the IBD team?	44 (72)	45 (5)	62 (8)	60 (9)
Standard A2 – Essential Support Services				
Do you have defined access to a Psychologist with an interest in IBD?	24 (39)	27 (3)	23 (3)	27 (4)
Standard A3 – Multidisciplinary Working				
Do you have regular timetabled IBD Team meetings to discuss IBD patients?	81 (132)	27 (3)	69 (9)	53 (8)
Do both Consultant Gastroenterologists and Colorectal Surgeons regularly attend the IBD Team meetings?	74 (120)	18 (2)	46 (6)	53 (8)
Sites that hold parallel gastroenterology/colorectal surgery clinics (where IBD patients are seen)	47 (76)	18 (2)	62 (8)	33 (5)
Sites that hold joint or parallel gastroenterology/colorectal surgery clinics (where IBD patients are seen)	59 (96)	18 (2)	62 (8)	53 (8)
Standard A4 – Referral of Suspected IBD Patients				
What is the waiting time for an urgent IBD clinic appointment?	7 (5, 14)	14 (10, 28)	14 (7, 14)	14 (7, 28)
Standard A5 – Access to nutritional support and therapy				
Sites with a hospital multidisciplinary nutrition team	78 (126)	27 (3)	85 (11)	40 (6)
Do IBD patients have access to a dietitian for				
a) General Dietary Advice	97 (157)	100 (11)	100 (13)	93 (14)
b) Nutritional Support	99 (161)	100 (11)	100 (13)	100 (15)
Standard A7 – Surgery for IBD				
Sites where surgeons perform ileo-anal pouch surgery on site	83 (135)	55 (6)	77 (10)	53 (8)
If yes, how many ileo-anal pouch operations performed:	3 (1, 7)	2 (0, 3)	4 (1, 10)	2 (1, 4)
Standard A8 – Inpatient Facilities				
Sites with a designated Gastroenterology ward on site	92 (149)	45 (5)	100 (13)	87 (13)
If yes, Beds per lavatory on the ward:	4.0 (3.1, 5.6)	4.0 (3.0, 6.0)	4.0 (3.0, 6.0)	4.0 (3.6, 7.0)
Are any of the toilets mixed-sex?	21 (31/149)	40 (2/5)	15 (2/13)	62 (8/13)
Standard A10 – Inpatient Care				
Do arrangements exist for admitting existing IBD patients direct to the specialist Gastroenterology ward or area?	73 (119)	73 (8)	92 (12)	67 (10)
Sites with guidelines for the management of Acute Severe Colitis	82 (133)	55 (6)	85 (11)	60 (9)
Standard A12 – Arrangements for the Care of Children and Young People who have IBD				
Does your IBD Service look after any patients aged 16 and under?	37 (60)	64 (7)	46 (6)	27 (4)
If Yes, is this done by, or in conjunction/discussion with, either a paediatric gastroenterologist or a paediatrician with an interest in gastroenterology?	77 (46/60)	29 (2/7)	67 (4/6)	100 (4/4)
For paediatric patients undergoing endoscopy, is there:				
An appropriate endoscopy area with age appropriate facilities?	52 (31/60)	57 (4/7)	83 (5/6)	25 (1/4)
Someone with training or extensive experience in paediatric endoscopy?	58 (35/60)	43 (3/7)	67 (4/6)	50 (2/4)
An Anaesthetist with paediatric training?	68 (41/60)	71 (5/7)	83 (5/6)	50 (2/4)

Does your IBD Service have any of the following personnel with suitable paediatric experience?				
A Surgeon	48 (29/60)	43 (3/7)	67 (4/6)	25 (1/4)
A radiologist (performing and reporting)?	57 (34/60)	57 (4/7)	67 (4/6)	75 (3/4)
A dietitian (including the use of exclusive enteral feeding)?	72 (43/60)	71 (5/7)	67 (4/6)	75 (3/4)
An IBD/GI Nurse Specialist?	32 (19/60)	14 (1/7)	50 (3/6)	25 (1/4)
Does your unit have a specific paediatric to adult transition policy?	35 (57)	27 (3)	77 (10)	20 (3)
Is transition co-ordinated by a named individual?	96 (55/57)	33 (1/3)	10 (1/10)	100 (3/3)
Standard C2 – Rapid access to specialist advice				
Is there written information for patients with IBD on whom to contact in the event of a relapse?	82 (132)	45 (5)	92 (12)	60 (9)
Sites where relapsing IBD patients can expect to be seen for specialist review within 7 days	88 (143)	64 (7)	92 (12)	87 (13)
Sites where patients have access to contact an IBD specialist by :				
Telephone	95 (153)	82 (9)	100 (13)	93 (14)
Drop-in clinic	12 (19)	0 (0)	8 (1)	7 (1)
Email	63 (102)	0 (0)	46 (6)	20 (3)
None	1 (1)	1 (9)	0 (0)	7 (1)
Standard C5 – Involvement of patients in service improvement				
Sites that have Patient Panel meetings in place to involve patients in giving their views on the development of the IBD service	21 (33)	9 (1)	7 (1)	0 (0)
Standard E2 – Developing an IBD Database				
Sites that capture clinical data about the IBD patients under their care on a database	49 (79)	36 (4)	46 (6)	53 (8)

Section 2: Introduction

UK IBD Audit Aims

The specific aims of the UK IBD Audit set out at the inception of the project were to:

1. Assess current structure and organisation of care for IBD
2. Assess processes and outcomes of care delivery (inpatient and outpatient) in IBD
3. Enable Trusts to compare their performance against national standards
4. Identify resource and organisational factors that may account for observed variations in care
5. Facilitate, develop and institute an intervention strategy to improve quality of care.
6. Repeat the audit to prove that change has occurred
7. Establish measures for healthcare services to use to compare quality of IBD services
8. Develop a sustainability programme to maintain quality of care.

Further information on the work of the UK IBD Audit project can be accessed via the Royal College of Physicians, London website: <http://www.rcplondon.ac.uk>

Availability of audit results in the public domain

Full and executive summary copies of the UK IBD Audit 3rd Round (2010) National Results for the Organisation of Adult Inflammatory Bowel Disease Services in the UK will be available in the public domain via the Clinical Effectiveness & Evaluation Unit section of the Royal College of Physicians, London external website: www.rcplondon.ac.uk

A limited number of key data results for each of the 202 individual sites participating in this round are published in the public domain in Section 6 of this report as agreed upon site registration for this audit. These data items were agreed by the Steering Group as giving an indication of how an IBD Service is resourced and organised in relation to the National Service Standards for the healthcare of people who have Inflammatory Bowel Disease. They are not a definition of clinical quality.

The national report of results will be made available to the Department of Health in England, NHS Quality Improvement Scotland, NHS Wales Health & Social Care Department and the Department of Health, Social Services and Public Safety in Northern Ireland.

The Care Quality Commission may be given access to site-specific data for sites in England to support its Quality Risk Profiles.

Section 3: Methods

Standards used in the 3rd round (2010) data collection process

A copy of the full dataset used in the audit of the Organisation of Adult IBD Services is shown in Appendix 2. The UK IBD Audit Steering Group developed the dataset to measure against the National Service Standards for the healthcare of people who have Inflammatory Bowel Disease (IBD) that were published in February 2009 (<http://www.ibdstandards.org.uk>).

Data collection tool

The web-based data collection tool included context specific online help including definitions and clarifications, internal logical data checks and feedback to enable more complete and accurate data. Security and confidentiality were maintained through the use of site specific codes. Sites accessed the online data entry web tool by using unique identifiers and passwords and data could be saved during as well as at the end of an input session.

Definition of a 'site'

Lead clinicians contacted within each Trust/Health Board were asked to collect data on the basis of a unified IBD Service typically within a single hospital within the Trust. Where a Trust/Health Board had more than one hospital offering independent IBD services they entered data for separate "sites". Some institutions running an IBD Service across two or more hospitals with the same staff completed the audit as one Trust-wide site.

Recruitment

Three individuals from each hospital were approached: a lead Clinician, lead Surgeon and a lead from within their Clinical Audit Department. An overall "audit lead" (usually a consultant gastroenterologist) from each site was then identified following local discussion. This "audit lead" was responsible for quality of data collection and entry for their particular site. Trust/Health Board Chief Executives were alerted to the study.

Hospitals were eligible if they routinely admit IBD patients acutely. 202 sites submitted data (England 162, Northern Ireland 11, Scotland 13, Wales 15, Channel Islands 1). Of these 202 sites, 147 were single hospital sites within a Trust, 26 were Trust-wide sites combining 2 hospitals and 1 was a Trust-wide site combining 3 hospitals. The audit data were entered between 1st September and 31st October 2010.

Each participating site was provided with an appropriate login and password and help booklets. A telephone and email helpdesk was provided by the Clinical Effectiveness and Evaluation unit (CEEu), at the Royal College of Physicians, London to answer any individual queries.

Data required

The audit of the site organisation of IBD services was as at 1st September 2010. Some organisational questions related to admissions and operations for IBD during the 12 month period from 1st September 2009 to 31st August 2010. In total, organisational audit data was received from 202 sites.

Inpatient Activity data - Inclusion and Exclusion criteria

Admissions (medical and surgical) were to be counted towards the inpatient activity questions for the audit if the primary reason for admission was because of IBD or symptoms that were later diagnosed as IBD and excluded if IBD was not indicated as the main reason e.g. a person with known IBD admitted because of a myocardial infarction. Sites were asked to confirm IBD as the primary reason for admission by checking these against a list of relevant ICD-10 discharge codes listed in Appendix 4.

Day cases were to be excluded in the admissions activity data, such as for endoscopy or drug infusions as were cases where a patient was admitted and stayed overnight but was discharged the following day within 24 hours of admission. Patients with a diagnosis of Indeterminate Colitis were also excluded as were patients aged 16 and under on the date of admission (for this Adult report).

Presentation of results

The 2010 audit question numbers have been added within the tables of results in Table 5 to facilitate reference to the actual questions in the 2010 audit datasets as seen in Appendix 2. These may differ from the 2006 and 2008 audit question numbers therefore question numbers are not included in tables 2 and 3 which compare key indicator data across these rounds.

Where the term “National” is used in this report it refers to the combined results for all 202 sites participating in the UK. National results are presented as percentages for categorical data and as median and inter-quartile range (IQR) for numerical data.

Table 5: Organisation & Structure of Adult IBD services in the UK as at 1st September 2010

National data relates to the average from the 202 sites* across the UK that participated in 2010 and the space under “Your Site” indicates where participating sites can view their comparative site-specific data.

*1 of the 24 sites only entered data against questions in Standard A

Hospital Demographics

		National 202 sites % (N)	Your Site
Which people have been involved in the collection and input of data for this form?			
	a) Consultant	87 (176)	
	b) Other medical staff	22 (45)	
	c) Nurse	55 (111)	
	d) Manager	8 (17)	
	e) Clinical Audit staff	56 (114)	
	f) Other	16 (330)	
		National 202 sites % (N)	Your Site
1	Are there any other hospitals managing IBD patients in your Trust/Health Board?		
	Yes	54 (109)	
	No	46 (93)	
		National 202 sites % (N)	Your Site
1i	If Yes to Q1, do you operate as a single integrated IBD Service across the Trust/Health Board		
	Yes	31 (34)	
	No	69 (75)	
		National 202 sites % (N)	Your Site
1ii	If No to Q1i, do you operate as a separate IBD Service but within a Managed Clinical Network		
	Yes	5 (5)	
	No	95 (88)	
		National 202 sites Median (IQR)	Your Site
2	How many IBD patients does your service manage?	788 (500, 1497)	
		National 202 sites Median (IQR)	Your Site
2i	Is this figure		
	a) An estimate?	85 (171)	
	b) From your IBD database?	15 (31)	

		National 202 sites Median (IQR)	Your Site
2ii	Of these IBD patients, how many have		
	a) UC?	442 (250, 800)	
	b) Crohn's Disease?	317 (200, 641)	

		National 202 sites Median (IQR)	Your Site
3	How many new IBD patients have you seen in the last 12 months?	60 (34, 115)	

Inpatient Activity

		National 202 sites Median (IQR)	Your Site
	How many patients aged 17 and over at the date of admission were discharged from the care of adult services between 1st September 2009 and 31st August 2010 with a primary diagnosis of		
4i	a) Ulcerative Colitis?	47 (24, 86)	
4ii	b) Crohn's Disease?	63 (33, 109)	

		National 202 sites Median (IQR)	Your Site
	How many patients aged 16 and under at the date of admission were discharged from the care of adult services between 1st September 2009 and 31st August 2010 with a primary diagnosis of		
4iii	a) Ulcerative Colitis?	0 (0, 2)	
4iv	b) Crohn's Disease?	0 (0, 3)	

		National 202 sites Median (IQR)	Your Site
	How many patients aged 17 and over at the date of admission were discharged from the care of adult services between 1st September 2009 and 31st August having had an operation where the primary indication was		
5i	a) Ulcerative Colitis?	8 (3, 18)	
5ii	b) Crohn's Disease?	12 (6, 25)	

		National 202 sites Median (IQR)	Your Site
	How many patients aged 16 and under at the date of admission were discharged from the care of adult services between 1st September 2009 and 31st August having had an operation where the primary indication was		
5iii	a) Ulcerative Colitis?	0 (0, 1)	
5iv	b) Crohn's Disease?	0 (0, 0)	

Standard A – High quality clinical care

Standard A1 – The IBD Team

	National 202 sites % (N)	Your Site
1 Does your service have a named clinical lead?		
Yes	76 (154)	
No	24 (48)	
If Yes, is this a		
a) Consultant Gastroenterologist	99 (152)	
b) Consultant Surgeon	0.6 (1)	
c) IBD Nurse Specialist	0.6 (1)	
d) Other	0 (0)	
	National 202 sites Median (IQR)	Your Site
2 How many WTE Gastroenterologists are there on site?	4 (3, 5)	
	National 202 sites Median (IQR)	Your Site
3 How many WTE Colorectal Surgeons are there on site?	3 (2, 4)	
	National 202 sites Median (IQR)	Your Site
4 How many WTE IBD Nurse Specialists are there on site?	1 (0, 1)	
	National 202 sites % (N)	Your Site
4i If Q4 = less than 1.5 WTE, has a business case for additional IBD Nurse Specialist provision been submitted?		
Yes	33 (52)	
No	67 (107)	
	National 202 sites % (N)	Your Site
4ii If Q4i is Yes, was the business case successful?		
Yes	15 (8)	
No	48 (25)	
Decision pending	37 (19)	
	National 202 sites % (N)	Your Site
5 How many WTE Stoma Nurses are there on site?	2 (1, 3)	

		National 202 sites % (N)	Your Site
5i	If Q5 = less than 1.5 WTE, has a business case for additional IBD Stoma Nurse provision been submitted?		
	Yes	3 (2)	
	No	97 (59)	
		National 202 sites % (N)	Your Site
5ii	If Q5i is Yes, was the business case successful?		
	Yes	0 (0)	
	No	50 (1)	
	Decision pending	50 (1)	
		National 202 sites % (N)	Your Site
6	How many WTE Dieticians are allocated to gastroenterology?	0.5 (0, 1)	
		National 202 sites % (N)	Your Site
6i	If Q6 = less than 0.5 WTE, has a business case for additional Dietician provision been submitted?		
	Yes	14 (11)	
	No	86 (69)	
		National 202 sites % (N)	Your Site
6ii	If Q6i is Yes, was the business case successful?		
	Yes	9 (1)	
	No	45 (5)	
	Decision pending	45 (5)	
		National 202 sites % (N)	Your Site
7	How many WTE Administrators are attached to the IBD team?	0 (0, 0.5)	
		National 202 sites % (N)	Your Site
7i	If Q7 = less than 0.5 WTE, has a business case for additional Administrator provision been submitted?		
	Yes	5 (8)	
	No	95 (141)	
		National 202 sites % (N)	Your Site
7ii	If Q7i is Yes, was the business case successful?		
	Yes	38 (3)	
	No	38 (3)	
	Decision pending	25 (2)	

		National 202 sites % (N)	Your Site
8	Is there a named Histopathologist with an interest in gastroenterology attached to the IBD team?		
	Yes	65 (131)	
	No	35 (71)	
		National 202 sites % (N)	Your Site
9	Is there a named Radiologist with an interest in gastroenterology attached to the IBD team?		
	Yes	74 (150)	
	No	26 (52)	
		National 202 sites % (N)	Your Site
10	Is there a named Pharmacist with an interest in gastroenterology attached to the IBD team?		
	Yes	47 (94)	
	No	53 (108)	

Standard A2 – Essential Supporting Services

		National 202 sites % (N)	Your Site
1	Please indicate if you have defined access to the following personnel with an interest in IBD		
	a) Psychologist	24 (49)	
	b) Counsellor	9 (18)	
	c) Rheumatologist	56 (114)	
	d) Ophthalmologist	23 (46)	
	e) Obstetrician	27 (55)	
	f) Nutritional Support Team	68 (138)	
	g) A GP working with the IBD team providing input into your outpatients clinics	7 (15)	
	h) Consultant Paediatric Gastroenterologist	31 (62)	
	i) Consultant Paediatrician with an interest in gastroenterology	35 (70)	
	j) Combination of a Consultant Paediatrician plus an adult Consultant Gastroenterologist with an interest in adolescents	28 (56)	
		National 202 sites % (N)	Your Site
1i	If you have answered yes to h), i) or j) do they work within a paediatric gastroenterology Managed Clinical Network?		
	Yes	50 (60)	
	No	50 (60)	

Standard A3 – Multidisciplinary Working

A3.1 – IBD Team Meetings

		National 202 sites % (N)	Your Site
1	Do you have regular timetabled meetings to discuss IBD patients?		
	Yes	75 (152)	
	No	25 (50)	
		National 202 sites % (N)	Your Site
1i	If yes, how often do they take place?		
	a) Weekly	47 (71)	
	b) Fortnightly	18 (28)	
	c) Monthly	31 (47)	
	d) Other	4 (6)	
		National 202 sites % (N)	Your Site
1ii	Are these held as		
	a) Seperate IBD meetings	53 (81)	
	b) Part of another meeting	47 (71)	
		National 202 sites % (N)	Your Site
1iii	Are the IBD Team Meetings minuted?		
	Yes	47 (72)	
	No	53 (80)	
		National 202 sites % (N)	Your Site
1iv	Is a record of attendance kept?		
	Yes	49 (74)	
	No	51 (78)	
		National 202 sites % (N)	Your Site
1v	Are the decisions recorded in the patients' clinical records?		
	Yes	84 (128)	
	No	16 (24)	
		National 202 sites % (N)	Your Site
1vi	Does the IBD meeting review all IBD deaths?		
	Yes	36 (54)	
	No	64 (98)	

	National 202 sites % (N)	Your Site
1vii Does the IBD meeting review audit data?		
Yes	39 (60)	
No	61 (92)	

	National 202 sites % (N)	Your Site
1viii Who from the IBD Team regularly attends the IBD meetings?		
a) Consultant Gastroenterologists	75 (152)	
b) Consultant Colorectal Surgeons	67 (136)	
c) IBD Clinical Nurse Specialist	57 (115)	
d) Stoma Care Clinical Nurse Specialist	21 (42)	
e) Gastroenterology Dietitian	13 (27)	
f) Administrative support worker	6 (12)	
g) Histopathologist	37 (74)	
h) Radiologist	64 (129)	
i) Pharmacist	9 (19)	
j) Other	17 (35)	

A3.2 – Medical / Surgical Interaction

	National 202 sites % (N)	Your Site
1 Do you hold joint gastroenterology/colorectal surgery clinics (where IBD patients are seen)?		
Yes	18 (37)	
No	82 (165)	

	National 202 sites % (N)	Your Site
1i If yes, how often do they take place?		
a) Weekly	24 (9)	
b) Fortnightly	8 (3)	
c) Monthly	57 (21)	
d) Other	11 (4)	

	National 202 sites % (N)	Your Site
2 Do you hold parallel gastroenterology/colorectal surgery clinics?		
Yes	45 (91)	
No	55 (111)	

	National 202 sites % (N)	Your Site
2i If yes, how often do they take place?		
a) Weekly	85 (77)	
b) Fortnightly	4 (4)	
c) Monthly	4 (4)	
d) Other	7 (6)	

	National 202 sites % (N)	Your Site
3		
Do you have a defined arrangement for joint medical/surgical discussion with patients whose clinical condition will not wait for the next available clinic?		
Yes	51 (104)	
No	49 (98)	

Standard A4 – Referral of Suspected IBD Patients

	National 202 sites Median (IQR)	Your Site
1		
What is the waiting time for an urgent IBD clinic appointment? (days)	7 (5, 14)	

	National 202 sites Median (IQR)	Your Site
2		
What proportion of your patients are referred urgently? Don't know % (N)	20 (10, 30) 82 (166)	

	National 202 sites Median (IQR)	Your Site
3		
What is the waiting time for a routine IBD clinic appointment?	42 (28, 65)	

	National 202 sites % (N)	Your Site
4		
When did you last do an internal audit of the time from referral to being seen?		
a) Within the past 12 months	12 (25)	
b) More than 12 months ago	11 (22)	
c) Never	77 (155)	

Standard A5 – Access to nutritional support and therapy

	National 202 sites % (N)	Your Site
1		
Is there a hospital multidisciplinary nutrition team?		
Yes	72 (146)	
No	28 (56)	

	National 202 sites % (N)	Your Site
2		
Do IBD patients have access to a dietitian for		
a) General Dietary Advice?		
Yes	97 (196)	
No	3 (6)	
b) Nutritional Support?		
Yes	99 (201)	
No	1 (1)	

	National 202 sites % (N)	Your Site
3		
Can you refer patients with Crohn's Disease to the dietitian for exclusive liquid enteral nutritional therapy as primary treatment?		
Yes	98 (198)	
No	2 (4)	

Standard A6 – Arrangements for use of immunosuppressive and biological therapies

	National 202 sites % (N)	Your Site
1		
Which of the following activities is the pharmacist involved in?		
a) Inpatient drug reviews	90 (182)	
b) Outpatient clinic	10 (20)	
c) Consultant ward rounds	33 (66)	
d) MDT Meetings	12 (25)	
e) Immunosuppressant clinic	9 (18)	
f) Applications for high cost medications	74 (150)	
g) Other	7 (15)	

	National 202 sites % (N)	Your Site
2		
How is established immunosuppressive therapy monitored?		
a) By the GP	34 (68)	
b) By a dedicated monitoring service	26 (53)	
c) During clinic visits	48 (96)	
d) A combination of Primary and Secondary care monitoring	76 (153)	

Standard A7 – Surgery for IBD

	National 202 sites % (N)	Your Site
1		
Do surgeons perform ileo-anal pouch surgery on site?		
Yes	79 (159)	
No	21 (43)	

	National 202 sites Median (IQR)	Your Site
1i		
How many ileo-anal pouch operations were performed between 1st September 2009 and 31st August 2010?	3 (1, 6)	

Standard A8 – Inpatient Facilities

	National 202 sites % (N)	Your Site
1		
Is there an Intensive Therapy Unit (ITU) on site?		
Yes	95 (192)	
No	5 (10)	

National Your Site

		202 sites % (N)	
2	Is there a High Dependency Unit (HDU) on site?		
	Yes	93 (187)	
	No	7 (15)	
		National 202 sites % (N)	Your Site
2i	If Yes, is it		
	a) Medical	8 (15)	
	b) Surgical	5 (9)	
	c) Combined	87 (163)	
		National 202 sites % (N)	Your Site
3	Is there a combined Intensive Therapy (ITU) & High Dependency (HDU) Unit on site?		
	Yes	71 (143)	
	No	29 (59)	
		National 202 sites % (N)	Your Site
4	Is there a designated Gastroenterology ward on site?		
	Yes	89 (180)	
	No	11 (22)	
		National 202 sites % (N)	Your Site
4i	If Yes, is the ward		
	a) for both medical and surgical patients?	11 (18)	
	b) just for medical patients, but in close proximity to the surgical wards (on the same site)?	89 (147)	
	c) just for medical patients, with no surgical ward on the same site?	0 (0)	
		National 202 sites Median (IQR)	Your Site
4ii	How many beds per lavatory on the ward?	4 (3, 6)	
		National 202 sites % (N)	Your Site
4iii	Are any of the toilets mixed-sex?		
	Yes	24 (43)	
	No	76 (137)	

Standard A9 – Access to Diagnostic Services

		National 202 sites % (N)	Your Site
1	Is there access to endoscopy within 72 hrs of admission for patients admitted with relapse?		
	Yes	98 (197)	
	No	2 (5)	

		National 202 sites % (N)	Your Site
2	Are histological reports available within 5 working days?		
	Yes	79 (160)	
	No	21 (42)	

		National 202 sites % (N)	Your Site
3	Are urgent colonic biopsies available within 2 working days?		
	Yes	67 (136)	
	No	33 (66)	

Standard A10 – Inpatient Care

		National 202 sites % (N)	Your Site
1	Do arrangements exist for admitting existing IBD patients direct to the specialist Gastroenterology ward or area?		
	Yes	74 (149)	
	No	26 (53)	

		National 202 sites % (N)	Your Site
2	Are patients admitted with known or suspected IBD discussed with a Consultant Gastroenterologist and/or Colorectal Surgeon within 24 hours of admission?		
	Yes	85 (171)	
	No	15 (31)	

		National 202 sites % (N)	Your Site
3	Are all IBD patients admitted notified to the IBD medical or surgical specialist nurses?		
	Yes	42 (85)	
	No	58 (117)	

		National 202 sites % (N)	Your Site
4	Does your Trust have guidelines for the management of Acute Severe Colitis?		
	Yes	79 (159)	
	No	21 (43)	

Standard A11 – Outpatient Care

		National 202 sites % (N)	Your Site
1	Does your site have formal arrangements for Annual Review?		
	Yes	78 (157)	
	No	22 (45)	

		National 202 sites % (N)	Your Site
1i	If yes, how is this carried out?		
	a) Community clinic	4 (7)	
	b) Telephone clinic	32 (51)	
	c) Hospital review	98 (154)	
	d) E-mail review	6 (9)	
	e) Postal review	2 (3)	

		National 202 sites % (N)	Your Site
1ii	If yes, does the Annual Review include the assessment of any of the following?		
	a) FBC	97 (153)	
	b) U&E	99 (155)	
	c) Iron Studies	64 (100)	
	d) B12 Folate	66 (104)	
	e) Vitamin D	39 (61)	
	f) the need for DEXA scanning	90 (141)	
	g) the need for cancer Surveillance	98(154)	
	h) Liver function	96 (150)	

		National 202 sites % (N)	Your Site
2	Does your site offer a range of arrangements for outpatient care?		
	Yes	78 (157)	
	No	22 (45)	

		National 202 sites % (N)	Your Site
2i	If yes, what services are offered?		
	a) Hospital Appointments	100 (157)	
	b) Guided self – management with access to support when needed	56 (88)	
	c) Primary Care follow up with links to the IBD team	39 (61)	

Standard A12 – Arrangements for the Care of Children & Young People who have IBD

		National 202 sites % (N)	Your Site
1	Does your IBD Service look after any patients aged 16 and under?		
	Yes	39 (78)	
	No	61 (124)	
		National 202 sites % (N)	Your Site
1i	If Yes, is this done by, or in conjunction/discussion with, either a paediatric gastroenterologist or a paediatrician with an interest in gastroenterology?		
	Yes	73 (57)	
	No	27 (21)	
		National 202 sites % (N)	Your Site
1ii	If Yes, are inpatients looked after in an age appropriate environment?		
	Yes	86 (67)	
	No	14 (11)	
		National 202 sites % (N)	Your Site
2	For paediatric patients undergoing endoscopy, is there:		
	a) An appropriate endoscopy area with age appropriate facilities?		
	Yes	53 (41)	
	No	47 (37)	
	b) Someone with training or extensive experience in paediatric endoscopy?		
	Yes	56 (44)	
	No	44 (34)	
	c) An Anaesthetist with paediatric training?		
	Yes	68 (53)	
	No	32 (25)	
		National 202 sites % (N)	Your Site
3	Does your IBD Service have any of the following personnel with suitable paediatric experience?		
	a) A surgeon?		
	Yes	47 (37)	
	No	52 (41)	
	b) A radiologist (performing and reporting)?		
	Yes	58 (45)	
	No	42 (33)	
	c) A dietician (including the use of exclusive enteral feeding)?		
	Yes	72 (56)	
	No	28 (22)	
	d) An IBD/GI Nurse Specialist?		
	Yes	31 (24)	
	No	69 (54)	
	e) None of these		
	Yes	19 (15)	
	No	81 (63)	

		National 202 sites % (N)	Your Site
4	Does your unit have a specific paediatric to adult transition policy?		
	Yes	36 (73)	
	No	64 (129)	
		National 202 sites % (N)	Your Site
5	Is transition co-ordinated by a named individual?		
	Yes	95 (69)	
	No	5 (4)	

Standard B – Local delivery of care

Standard B1 – Arrangements for Shared Care

		National 201 sites % (N)	Your Site
1	Is there a defined protocol in place between the IBD Service and GPs for shared outpatient management?		
	Yes	34 (68)	
	No	66 (133)	
		National 201 sites % (N)	Your Site
1i	If yes, is information about the shared care protocol given to patients?		
	Yes	66 (45)	
	No	34 (23)	
		National 201 sites % (N)	Your Site
1ii	If yes, is it given		
	a) Verbally	62 (45)	
	b) In a letter	53 (24)	
	c) In a formal written care plan	38 (17)	
		National 201 sites % (N)	Your Site
2	Is there a system for sharing of information about test results or treatment changes with GPs?		
	Yes	93 (187)	
	No	7 (14)	
		National 201 sites % (N)	Your Site
2i	If yes, is this done via:		
	a) Electronic Record	27 (51)	
	b) Letter	98 (183)	
	c) Patient Held Record	14 (26)	

Standard C – Maintaining a patient-centred service

Standard C1 – Information on the IBD Service

	National 201 sites % (N)	Your Site
1		
Is there a clear structured pathway for the patient to discuss his / her treatment with the multidisciplinary team?		
Yes	43 (87)	
No	34 (69)	

	National 201 sites % (N)	Your Site
2		
Is there clear guidance on how patients can seek a second opinion if they are unhappy with their care / need advice?		
Yes	34 (68)	
No	66 (132)	

Standard C2 – Rapid access to specialist advice

	National 201 sites % (N)	Your Site
1		
Is there written information for patients with IBD on whom to contact in the event of a relapse?		
Yes	79 (159)	
No	21 (42)	

	National 201 sites % (N)	Your Site
2		
Are there arrangements for expedited specialist review of these relapsed patients?		
Yes	94 (189)	
No	6 (12)	

	National 201 sites % (N)	Your Site
2i		
If yes, what is the time between relapse and review?		
a) <5 days	51 (96)	
b) 5 – 7 days	42 (80)	
c) 8 – 9 days	3 (5)	
d) > 9 days	4 (8)	

	National 201 sites % (N)	Your Site
3		
Do patients have access to contact an IBD Specialist by any of the following methods?		
a) Telephone	95 (190)	
b) Drop in clinic	10 (21)	
c) Email	55 (111)	
d) Other	9 (19)	
e) None of the above	1 (3)	

	National 201 sites % (N)	Your Site
3i	What is the average length of time taken to respond to these contacts?	
	a) <48 hours	96 (190)
	b) > 48 hours	4 (8)
	National 201 sites % (N)	Your Site
3ii	Who normally responds?	
	a) Nurse	27 (53)
	b) Doctor	67 (132)
	c) Other	7 (13)

Standard C3 – Supporting patients to exercise choice between treatments

	National 201 sites % (N)	Your Site
1	Are patients provided with written information about IBD?	
	Yes	99 (198)
	No	1 (3)
	National 201 sites % (N)	Your Site
1i	If yes is this produced by	
	a) NACC	97 (192)
	b) CICRA	7 (14)
	c) Pharmaceutical	41 (81)
	d) Locally Written	55 (109)
	e) Drug Specific	68 (134)
	f) Other	9 (18)
	National 201 sites % (N)	Your Site
1ii	Does this information include details of treatment options so that patients can make an informed choice about their treatment?	
	Yes	83 (165)
	No	17 (33)

Standard C4 – Supporting patients to exercise choice between care strategies for outpatient management

	National 201 sites % (N)	Your Site
1	Are patients offered a choice of how they wish to be followed up other than the traditional review in out patient clinic?	
	Yes	51 (102)
	No	49 (99)

	National 201 sites % (N)	Your Site
1i If yes, does this include any of the following?		
a) Supported Self management	62 (63)	
b) Shared care with GP	53 (54)	
c) Scheduled telephone clinic	51 (52)	
d) Other	14 (14)	

Standard C5 – Involvement of patients in service improvement

	National 201 sites % (N)	Your Site
1 Does your hospital offer open forums or meetings for patients with IBD?		
Yes	38 (77)	
No	61 (124)	

	National 201 sites % (N)	Your Site
1 If yes, how often do these take place?		
a) < 4 monthly	21 (16)	
b) 4 – 8 monthly	25 (19)	
c) 9 – 12 monthly	35 (27)	
d) Other	19 (15)	

	National 201 sites % (N)	Your Site
1i Which members of staff attend these meetings?		
a) Medical	92 (71)	
b) Surgical	32 (25)	
c) Nursing	92 (71)	
d) Other	27 (21)	

	National 201 sites % (N)	Your Site
2 Are any of the following activities or systems in place to involve patients in giving their views on the development of your IBD service?		
a) Regular patient surveys	28 (56)	
b) Individual patient representatives	5 (11)	
c) Patient panel meetings	17 (35)	
d) None	57 (115)	
e) Other	9 (19)	

Standard D – Patient Education and Support

Standard D1 – Provision of Information

	National 201 sites % (N)	Your Site
1 Do you provide information on IBD in languages other than English?		
Yes	35 (70)	
No	65 (131)	

		National 201 sites % (N)	Your Site
2	Do you have access to translation services if needed?		
	Yes	99 (199)	
	No	1 (2)	
3	Do you have specific information for newly diagnosed patients?		
	Yes	92 (184)	
	No	8 (17)	
4	Do you provide patients with a written care plan?		
	Yes	33 (67)	
	No	67 (134)	
4i	If yes, for which patients		
	a) Newly diagnosed patients	69 (46)	
	b) Outpatients	66 (44)	
	c) Patients receiving immunomodulators	79 (53)	
	d) Patients receiving biological therapies	75 (50)	
	e) Other	4 (3)	
5	Do you provide written information for patients regarding surgery?		
	Yes	73 (146)	
	No	27 (55)	

Standard D2 – Education for patients

		National 201 sites % (N)	Your Site
1	Does your service provide education opportunities for patients?		
	Yes	57 (115)	
	No	43 (86)	

Standard D3 – Information about patient organisations

		National 201 sites % (N)	Your Site
1	Are all your patients given contact information for IBD patient organisations?		
	Yes	95 (191)	
	No	5 (10)	

Standard D4 – Support for patient organisations

		National 201 sites % (N)	Your Site
1	Does your IBD service have regular contact with IBD patient organisations?		
	Yes	75 (151)	
	No	25 (50)	

		National 201 sites % (N)	Your Site
1i	If yes, which ones:		
	a) National Association for Colitis and Crohn's Disease (NACC)	100 (151)	
	b) Crohn's in Childhood Research Association (CICRA)	10 (15)	
	c) The Ileostomy & Internal Pouch Support Group (IA)	35 (53)	
	d) Other	3 (5)	

Standard E – Information Technology and audit

Standard E1 – Register of patients under the care of the IBD Service

		National 201 sites % (N)	Your Site
1	Is a register of IBD patients maintained?		
	Yes	55 (110)	
	No	45 (91)	

		National 201 sites % (N)	Your Site
1i	If yes, what are the inclusion criteria?		
	a) Any patient with IBD	64 (70)	
	b) Only patients treated with immunosuppressant's (including biologics)	15 (17)	
	c) Only patients treated with biologics	17 (19)	
	d) Other	4 (4)	

Standard E2 – Developing an IBD Database

		National 201 sites % (N)	Your Site
1	Do you capture clinical data about the IBD patients under your care?		
	Yes	48 (97)	
	No	52 (104)	

		National 201 sites % (N)	Your Site
1i	If yes, is this captured for:		
	a) Only patients who receive hospital care for IBD?	32 (31)	
	b) Any patient with a diagnosis of IBD?	57 (55)	
	c) Other	11 (11)	

	National 201 sites % (N)	Your Site
1ii If yes, do you use this system in real time to support the management of patients?		
Yes	40 (39)	
No	60 (58)	

Standard E3 – Participation in Audit

	National 201 sites % (N)	Your Site
1 Apart from this audit, are you participating in any other national or international audits of care for IBD?		
Yes	10 (20)	
No	90 (181)	

	National 201 sites % (N)	Your Site
2 Do you submit data (including outcomes) about patients with IBD who undergo surgery, to a national registry?		
Yes	17 (35)	
No	83 (166)	

Standard F – Evidence-based practice and research

Standard F1 – Training and Education

	National 201 sites Median (IQR)	Your Site
1 How many days of IBD Specific training did your IBD Nurse Specialist have in the past 12 months?		
Nurse 1	2 (0, 5)	
Nurse 2	0 (0, 0)	
Nurse 3	0 (0, 0)	

Standard F2 – Research

	National 201 sites % (N)	Your Site
1 Is your site currently recruiting patients to any UKCRN portfolio IBD interventional (drugs and therapies) trials (e.g. TOPPIC, CONSTRUCT)?		
Yes	35 (71)	
No	65 (130)	

Standard F3 – Service Development

	National 201 sites % (N)	Your Site
1 Does your IBD Team hold an annual review day to review the IBD Service?		
Yes	22 (44)	
No	78 (157)	

Section 6: 2010 Individual Site Key Indicator Data

The tables in this section give named site data in alphabetical order of site by Strategic Health Authority in England and by Trust and Local Health Board in Northern Ireland, Scotland and Wales. Please note this describes the self reported site status on the 1st September 2010. These data items were agreed by the UK IBD Audit Steering Group as giving an indication of how an IBD Service is resourced and organised in relation to the IBD Standards. They are not a definition of clinical quality. The combined UK results from 202 participating sites are shown for comparison.

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database				Yes/No	Yes/No									
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
East Midlands SHA																
Chesterfield Royal Hospital	700	E	Yes	No	Yes	Yes	1.5	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Kettering General Hospital	1500	E	No	No	No	Yes	7	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Lincoln County Hospital	1317	D	Yes	No	Yes	Yes	4.5	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No
Northampton General Hospital	800	E	No	No	Yes	No		Yes	Yes	Yes	No	No	No	Yes	No	No
Nottingham University Hospital NHS trust (Queen's Medical Centre & Nottingham City Hospital Combined)	3662	D	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Pilgrim Hospital	1041	E	Yes	No	No	Yes	5.6	Yes	Yes	Yes	No	No	Yes	No	Yes	No
Royal Derby Hospital	1500	E	Yes	No	Yes	Yes	4	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Sherwood Forest Hospitals NHS Foundation Trust (King's Mill Hospital & Newark Hospital Combined)			Yes	Yes	No	Yes	1.3	Yes	Yes	Yes	Yes	Yes	No	No	No	No
University Hospitals of Leicester NHS Trust (Leicester Royal Infirmary and Leicester General Combined)	2500	E	Yes	Yes	Yes	Yes	4.2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
East of England SHA																
Addenbrooke's Hospital	1680	D	Yes	No	Yes	Yes	2.7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basildon Hospital	1500	E	Yes	No	No	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Bedford Hospital	300	E	No	No	Yes	Yes	6	Yes	No	Yes	No	Yes	No	No	No	No
Broomfield Hospital	800	E	Yes	No	No	Yes	4	No	Yes	Yes	Yes	No	Yes	Yes	No	No
Colchester General Hospital	600	E	Yes	No	Yes	Yes	7	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
East and North Hertfordshire NHS Trust (Lister Hospital & Queen Elizabeth II Hospital Combined)	2500	E	Yes	Yes	No	Yes	5	No	Yes	Yes	No	No	Yes	Yes	No	No
Hinchingbrooke Hospital	500	E	Yes	No	No	Yes	9	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes
Ipswich Hospital	700	E	Yes	No	No	Yes	3.4	Yes	No	No	No	Yes	Yes	No	No	No
James Paget Hospital	500	E	Yes	No	No	Yes	1.8	No	Yes	Yes	Yes	No	Yes	No	No	No
Luton & Dunstable Hospital	1520	E	Yes	No	No	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Norfolk & Norwich University Hospital	2500	E	Yes	Yes	Yes	Yes	2.2	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Peterborough District Hospital	300	E	Yes	No	Yes	Yes	4.5	Yes	No	Yes	Yes	No	Yes	No	No	No
Princess Alexandra Hospital, Harlow	900	E	Yes	No	Yes	Yes	7	Yes			No	No	Yes			Yes
West Hertfordshire Hospitals NHS Trust (Watford General Hospital & Hemel Hempstead General	1006	E	Yes	No	Yes	Yes	3.8	Yes	Yes	Yes	Yes	Yes	No	No	No	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Hospital Combined)																
West Suffolk Hospital	253	D	Yes	No	Yes	Yes	3	Yes	Yes	Yes	No	No	Yes	No	No	No
London SHA																
Barnet General Hospital	283	E	Yes	No	No	Yes	4	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Central Middlesex Hospital	500	E	Yes	No	Yes	No		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chelsea & Westminster Hospital	750	E	Yes	No	No	Yes	6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Ealing Hospital	700	E	Yes	No	Yes	No		Yes	Yes	Yes	No	No	Yes	Yes	No	No
Epsom General Hospital	300	E	Yes	No	Yes	Yes	2.5	No	Yes	Yes	Yes	No	No	No	No	No
Guy's & St Thomas' NHS Foundation Trust (Guy's & St Thomas' Hospitals Combined)	2000	E	No	Yes	Yes	Yes	3	Yes	Yes	Yes	Yes	No	No	No	Yes	No
Hillingdon Hospital	1000	E	Yes	No	Yes	Yes	1	Yes	No	Yes	No	No	Yes	No	No	No
Homerton University Hospital	533	D	Yes	No	Yes	Yes	4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Imperial College Healthcare NHS Trust (Charing Cross,	1500	E	Yes	Yes	Yes	Yes	2.5	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Hammersmith and St Mary's Hospitals (Combined)																
King George Hospital	1000	E	Yes	No	Yes	Yes	6	Yes	No	Yes	Yes	Yes	Yes	No	No	No
King's College Hospital	785	E	Yes	No	Yes	Yes	8	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Kingston Hospital	500	E	No	No	Yes	Yes	3	Yes	Yes	Yes	No	Yes	Yes	No	No	No
Mayday Hospital	1200	E	Yes	No	No	Yes	6	Yes	No	No	Yes	Yes	Yes	Yes	No	No
Newham University Hospital	450	E	Yes	No	Yes	Yes	6	Yes	No	Yes	Yes	Yes	No	Yes	No	No
North West London Hospitals NHS Trust (St Mark's & Northwick Park Hospitals Combined)	5000	E	No	Yes	Yes	Yes	4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Queens Hospital	3000	E	Yes	No	No	Yes	4	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Royal Free Hospital	3000	E	Yes	Yes	Yes	No		Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Royal London Hospital	3000	E	No	Yes	No	Yes	2.4	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
St George's Hospital			Yes	No	Yes	Yes	3.5	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
St Helier Hospital	450	E	Yes	No	Yes	Yes	5	Yes	Yes	No	No	No	Yes	No	Yes	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
The Lewisham Hospital	675	E	No	No	Yes	No		Yes	No	No	No	No	Yes	No	No	No
University College Hospital	2020	E	Yes	Yes	Yes	Yes	2.9	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
West Middlesex Hospital	1000	E	Yes	No	Yes	Yes	3	No	Yes	Yes	Yes	No	Yes	No	No	Yes
Whipps Cross University Hospital	600	E	Yes	No	Yes	Yes	5	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes
Whittington Hospital	600	E	Yes	Yes	Yes	Yes	4	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
North East SHA																
County Durham & Darlington NHS Foundation Trust (Darlington Memorial Hospital and Bishop Auckland Hospital Combined)	1200	E	Yes	Yes	No	Yes	4	No	Yes	Yes	Yes	No	No	No	No	Yes
Freeman Hospital	500	E	Yes	No	Yes	Yes	3.3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Friarage Hospital	390	D	Yes	No	Yes	Yes	4	No	Yes	Yes	Yes	No	Yes	Yes	No	No
Hexham General Hospital	500	E	Yes	No	No	No		No	Yes	Yes	No	Yes	Yes	No	No	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
James Cook University Hospital	3000	E	Yes	No	Yes	Yes	5	Yes	Yes	Yes	Yes	No	Yes	No	No	No
North Tyneside General Hospital	400	E	Yes	No	No	No		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Queen Elizabeth Hospital, Gateshead	600	E	Yes	No	Yes	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Royal Victoria Infirmary, Newcastle	600	E	Yes	No	Yes	Yes	3.6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
South Tyneside District Hospital	728	D	Yes	No	Yes	Yes	2	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Sunderland Royal Hospital	1400	E	Yes	No	Yes	Yes	6	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
University Hospital of Hartlepool	400	E	Yes	Yes	No	Yes	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
University Hospital of North Durham	500	E	Yes	No	No	Yes	4	Yes	Yes	Yes	Yes	Yes	No	No	No	No
University Hospital of North Tees	800	E	Yes	No	Yes	Yes	5	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Wansbeck General Hospital	1200	E	No	No	Yes	Yes	6	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
North West SHA																
Arrowe Park Hospital	1600	E	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes	No	Yes	Yes	No	No	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Blackpool Victoria Hospital	1000	E	Yes	No	Yes	Yes	3.4	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Countess of Chester Hospital	800	E	Yes	No	Yes	Yes	4	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Cumberland Infirmary	1690	D	Yes	No	No	Yes	2.5	No	Yes	Yes	No	No	Yes	No	No	Yes
East Lancashire Hospitals Trust (Royal Blackburn Hospital and Burnley District General Hospital Combined)	2200	E	No	No	Yes	Yes	6	Yes	No	Yes	No	No	No	No	No	No
Fairfield General Hospital	587	E	Yes	No	No	Yes	2.4	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Furness General Hospital			No	No	No	Yes	4.5	No	No	Yes	Yes	No	Yes	No	Yes	No
Lancashire Teaching Hospital NHS Foundation Trust (Chorley District General Hospital & Royal Preston Hospital Combined)	620	E	No	No	Yes	Yes	4	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Macclesfield District General Hospital	558	D	Yes	No	No	Yes	6.5	No	Yes	Yes	Yes	No	Yes	No	No	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Manchester Royal Infirmary	1900	D	Yes	Yes	Yes	Yes	1.5	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
North Manchester General Hospital	689	E	Yes	No	No	Yes	7	No	No	Yes	No	No	Yes	No	No	No
Rochdale Infirmary	407	E	Yes	No	No	Yes	3.5	No	Yes	Yes	Yes	No	Yes	Yes	No	No
Royal Albert Edward Infirmary	900	E	Yes	No	Yes	Yes	3.3	Yes	Yes	Yes	Yes	No	No	No	No	No
Royal Bolton Hospital	1200	E	Yes	Yes	Yes	Yes	2.4	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Royal Liverpool University Hospital	1771	D	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	No	Yes	No	No	Yes
Royal Oldham Hospital	277	E	Yes	No	No	Yes	5.7	No	Yes	Yes	No	No	Yes	Yes	No	No
Salford Royal Hospital	1600	E	Yes	Yes	Yes	Yes	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Southport & Formby District General Hospital	890	E	No	No	No	Yes	4	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No
Stepping Hill Hospital	1500	E	Yes	No	Yes	Yes	3	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Tameside General Hospital	300	E	No	No	Yes	Yes	3.3	No	Yes	Yes	Yes	No	Yes	No	Yes	Yes
University Hospital, Aintree	1000	E	Yes	No	Yes	Yes	12	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
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UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
University Hospitals of Morecombe Bay NHS Trust (Royal Lancaster Infirmary & Westmorland General Hospital Combined)	200	E	No	No	Yes	No		Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Warrington District General Hospital	3200	E	Yes	No	No	Yes	4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Whiston Hospital	153	E	Yes	Yes	Yes	Yes	1.5	Yes	No	No	Yes	No	No	Yes	No	No
Wythenshawe Hospital	1000	E	No	No	Yes	Yes	4	No	Yes	Yes	Yes	No	Yes	No	Yes	No
South Central SHA																
Horton General Hospital	400	E	Yes	No	No	Yes	6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
John Radcliffe Hospital	3250	E	Yes	Yes	Yes	Yes	2.7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Milton Keynes Hospital	4300	E	Yes	No	Yes	Yes	4	Yes	Yes	Yes	Yes	No	Yes	No	No	No
North Hampshire Hospital	1200	E	Yes	No	Yes	Yes	3	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Queen Alexandra Hospital	500	E	No	No	No	Yes	4	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Royal Berkshire Hospital	600	E	No	No	No	Yes	3.1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Royal Hampshire County Hospital	1000	E	Yes	Yes	Yes	Yes	2.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Southampton University Hospitals NHS Trust (Southampton General Hospital & Royal South Hants Hospital Combined)	2300	E	Yes	No	Yes	Yes	3.9	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
St Mary's Hospital	2000	E	Yes	No	No	Yes	6	No	No	No	No	No	Yes	No	No	No
Stoke Mandeville Hospital	200	E	No	No	No	No		Yes	No	No	Yes	No	Yes	No	No	No
Wycombe Hospital			No	No	No	Yes	6	Yes	No	Yes	Yes	No	No	No	No	No
South East Coast SHA																
Brighton and Sussex University Hospitals NHS Trust (Royal Sussex County & Princess Royal Hospitals Combined)	2126	D	Yes	No	Yes	Yes	6	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Conquest Hospital	380	D	Yes	No	Yes	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Darent Valley Hospital	500	E	No	No	Yes	Yes	5	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database				Yes/No	Yes/No									
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
East Surrey Hospital	300	E	Yes	No	Yes	Yes	5	Yes	No	Yes	Yes	Yes	No	No	No	No
Eastbourne District General Hospital	600	E	No	No	No	Yes	4	Yes	Yes	Yes	No	No	Yes	No	No	No
Frimley Park Hospital	660	D	Yes	No	No	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Kent & Canterbury Hospital	250	E	No	No	No	Yes	7	No	Yes	Yes	No	No	No	No	No	No
Kent & Sussex Hospital	600	E	Yes	No	Yes	No		Yes	Yes	No	Yes	No	No	Yes	Yes	No
Maidstone Hospital	250	E	Yes	No	No	Yes	5	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No
Medway Maritime Hospital			Yes	No	Yes	Yes	3.9	Yes	No	Yes	Yes	Yes	No	No	No	No
Royal Surrey County Hospital	500	E	Yes	No	No	Yes	2.5	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes
St Richard's Hospital	600	E	Yes	No	Yes	Yes	6	No	No	Yes	No	No	Yes	No	No	No
Western Sussex Hospital Trust (Worthing and Southlands combined)	200	E	Yes	No	No	Yes	2.5	Yes	No	No	Yes	No	Yes	No	No	Yes
William Harvey Hospital	925	E	Yes	No	No	Yes	6	No	No	No	Yes	No	No	No	No	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
South West SHA																
Bristol Royal Infirmary	2000	E	Yes	Yes	Yes	Yes	2.7	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Derriford Hospital	1000	E	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Dorset County Hospital	900	D	Yes	No	No	Yes	6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Gloucestershire Hospitals NHS Foundation Trust (Gloucestershire Royal and Cheltenham General Combined)	2000	E	Yes	Yes	No	Yes	6	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Great Western Hospital	2000	E	Yes	Yes	No	Yes	4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Musgrove Park Hospital	1200	D	No	No	Yes	Yes	6	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
North Bristol NHS Trust (Frenchay and Southmead Hospitals Combined)	1693	D	Yes	No	Yes	Yes	4.8	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
North Devon District Hospital	135	E	No	No	Yes	Yes	6	No	No	Yes	Yes	No	No	No	No	No
Poole General Hospital	1000	E	Yes	Yes	Yes	Yes	1.5	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Royal Bournemouth Hospital	1200	E	Yes	No	Yes	Yes	3	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Royal Cornwall Hospital	2000	E	Yes	No	No	Yes	7.5	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Royal Devon & Exeter Hospital	1973	D	Yes	Yes	Yes	Yes	3.4	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Royal United Hospital	900	E	Yes	No	Yes	Yes	6	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Salisbury District General Hospital	500	E	No	No	Yes	Yes	4	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes
Torbay Hospital	1494	D	Yes	No	Yes	Yes	3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Weston General Hospital	380	E	Yes	No	Yes	Yes	5	Yes	No	Yes	Yes	Yes	Yes	No	No	No
Yeovil District Hospital	450	E	Yes	No	No	Yes	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
West Midlands SHA																
George Eliot Hospital	520	D	Yes	No	No	Yes	3.6	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Good Hope Hospital	1000	E	Yes	No	Yes	Yes	2.3	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Heart of England NHS Foundation Trust (Birmingham Heartlands Hospital and Solihull Hospital)	1800	D	Yes	Yes	Yes	Yes	6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Hereford County Hospital	790	E	No	Yes	Yes	Yes	2	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Mid Staffordshire NHS Foundation Trust (Staffordshire General Hospital & Cannock Chase Hospital Combined)	500	E	No	No	No	Yes	3.5	Yes	Yes	Yes	No	No	Yes	No	No	Yes
New Cross Hospital	1500	E	Yes	No	Yes	Yes	3.4	Yes	Yes	No	Yes	Yes	Yes	No	No	No
Queen's Hospital, Burton	1080	E	Yes	No	No	No		Yes	Yes	No	No	Yes	Yes	Yes	No	Yes
Russells Hall Hospital	1004	D	Yes	No	Yes	Yes	1.7	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Sandwell and West Birmingham Hospitals NHS Trust (City Hospital and Sandwell Hospital Combined)	1000	E	Yes	Yes	No	Yes	3.6	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Shrewsbury & Telford Hospital NHS Trust (Royal Shrewsbury Hospital & Princess Royal Hospital, Telford)	500	E	No	No	No	Yes	4.5	Yes	No	No	Yes	No	Yes	No	No	Yes

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Combined)																
University Hospital Birmingham NHS Foundation Trust (Queen Elizabeth Hospital, Birmingham & Selly Oak Hospital Combined)	2740	D	Yes	No	No	Yes	1.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
University Hospital of North Staffordshire	1500	D	No	No	Yes	No		Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
University Hospitals Coventry & Warwickshire NHS Trust	500	E	Yes	No	Yes	Yes	1.8	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Walsall Manor Hospital	1001	D	Yes	No	Yes	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Warwick Hospital	1300	E	Yes	No	Yes	Yes	3	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Worcestershire Acute Hospitals NHS Trust (Worcestershire Royal Hospital & Alexandra Hospital Combined)	550	E	No	No	No	Yes	4	No	Yes	Yes	Yes	No	Yes	No	No	Yes

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Yorkshire & The Humber SHA																
Airedale General Hospital	700	E	Yes	No	Yes	Yes	7	No	Yes	Yes	No	No	No	No	No	No
Barnsley District General Hospital	864	E	No	No	No	Yes	5.6	No	No	No	Yes	No	Yes	No	No	Yes
Bradford Royal Infirmary	1457	D	Yes	Yes	No	Yes	5	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes
Calderdale & Huddersfield NHS Foundation Trust (Huddersfield Royal Infirmary and Calderdale Hospital Combined)	1550	E	Yes	No	No	Yes	4.3	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Dewsbury & District Hospital	600	E	No	No	No	Yes	4.6	Yes	Yes	No	Yes	Yes	No	No	Yes	No
Diana, Princess of Wales Hospital	1000	E	Yes	Yes	No	Yes	4	No	Yes	Yes	Yes	No	No	No	No	No
Doncaster & Bassetlaw Hospitals NHS Foundation Trust (Doncaster Royal Infirmary & Bassetlaw)	2500	E	Yes	No	Yes	Yes	3	No	No	Yes	Yes	Yes	Yes	No	No	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database				Yes/No	Yes/No									
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
District General Hospital Combined)																
Harrogate District Hospital	142	E	Yes	No	No	Yes	5.6	Yes	No	No	No	No	Yes	Yes	No	No
Hull and East Yorkshire NHS Trust (Hull Royal Infirmary and Castle Hill Hospitals Combined)	2900	E	Yes	No	No	Yes	4	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Leeds Teaching Hospitals NHS Trust (Leeds General Infirmary & St James's Hospital Combined)	3000	E	Yes	Yes	Yes	Yes	4	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Pinderfields General Hospital	1500	E	Yes	Yes	No	Yes	4	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Rotherham Hospital	1023	E	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Scarborough General Hospital	400	E	Yes	No	Yes	No		Yes	No	Yes	Yes	Yes	No	No	No	No
Scunthorpe General Hospital	500	E	Yes	No	Yes	Yes	4.3	Yes	Yes	Yes	No	No	Yes	Yes	No	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
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UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Sheffield Teaching Hospitals NHS Foundation Trust (Royal Hallamshire Hospital & Northern General Hospital Combined)	3500	E	Yes	Yes	Yes	Yes	4.3	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
York Hospital	1500	E	Yes	Yes	Yes	Yes	4.2	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No
States of Jersey Health & Social Services																
Jersey General Hospital	400	E	Yes	No	No	No		No	Yes	Yes	No	No	No	No	No	No
Belfast Health and Social Care Trust																
Belfast City Hospital	600	E	No	No	Yes	No		Yes	Yes	Yes	No	No	No	No	No	No
Mater Hospital	120	E	No	No	No	Yes	2.5	No	No	Yes	No	No	No	No	Yes	No
Royal Victoria Hospital	1200	E	No	No	Yes	Yes	16	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No
Northern Health and Social Care Trust																
Antrim Area Hospital	700	E	Yes	No	Yes	Yes	6	No	No	No	Yes	No	Yes	Yes	No	Yes
Causeway Hospital	550	E	Yes	No	Yes	No		No	Yes	No	Yes	Yes	Yes	No	No	Yes

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
	Number of IBD patients	E = an Estimate D = from a Database	Yes/No	Yes/No	Yes/No	Yes/No	if yes how many beds per toilet?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
South Eastern Health and Social Care Trust																
Downe Hospital			Yes	No	Yes	No		No	Yes	Yes	No	No	No	Yes	Yes	No
Lagan Valley Hospital	450	E	Yes	No	No	Yes	3	No	Yes	Yes	No	No	Yes	No	No	No
Ulster Hospital	1200	E	Yes	No	Yes	Yes	4	No	No	No	No	No	Yes	Yes	Yes	No
Southern Health and Social Care Trust																
Craigavon Area Hospital	352	E	No	No	No	No		Yes	No	Yes	No	No	Yes	No	No	Yes
Daisy Hill Hospital	200	E	No	No	No	No		No	No	Yes	No	No	No	No	No	No
Western Health and Social Care Trust																
Altnagelvin Area Hospital			No	No	No	No		No	No	Yes	No	No	No	No	Yes	No
NHS Ayrshire & Arran																
Ayr Hospital	350	E	Yes	No	Yes	Yes	2	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes
Crosshouse Hospital	2000	E	Yes	Yes	Yes	Yes	6	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
NHS Borders																
Borders General Hospital	400	D	Yes	No	Yes	Yes	3	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/ colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
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NHS Dumfries & Galloway																
Dumfries & Galloway Royal Infirmary	150	E	Yes	No	No	Yes	4	No	No	Yes	No	No	Yes	No	No	Yes
NHS Forth Valley																
Stirling Royal Infirmary	626	D	No	No	No	Yes	3	Yes	Yes	Yes	No	Yes	No	No	No	No
NHS Grampian																
Aberdeen Royal Infirmary	4500	E	No	Yes	Yes	Yes	6	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes
NHS Greater Glasgow & Clyde																
Glasgow Royal Infirmary	1150	E	Yes	Yes	Yes	Yes	3.6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Royal Alexandra Hospital	1200	E	Yes	No	Yes	Yes	3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NHS Lanarkshire																
Hairmyres Hospital	500	E	No	No	No	Yes	6	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Monklands Hospital	500	E	No	No	No	Yes	6	No	Yes	Yes	No	No	Yes	No	No	No
Wishaw General Hospital	500	E	Yes	No	Yes	Yes	6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
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UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
NHS Lothian																
Western General Hospital	2000	E	Yes	No	No	Yes	1.7	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
NHS Tayside																
Ninewells Hospital	1200	E	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Abertawe Bro Morgannwg University Health Board																
Morrison Hospital	400	E	No	No	Yes	No		Yes	No	No	No	No	No	No	No	No
Neath Port Talbot Hospital	620	D	Yes	No	Yes	Yes	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Princess of Wales Hospital	350	E	Yes	No	No	Yes	3.8	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Aneurin Bevan Health Board																
Caerphilly District Miner's Hospital			Yes	No	No	Yes	8	No	Yes	Yes	No	No	No	No	Yes	No
Nevill Hall Hospital	500	E	No	No	Yes	Yes	4	No	Yes	Yes	Yes	Yes	No	No	Yes	No
Royal Gwent Hospital	1000	E	Yes	No	Yes	Yes	3.5	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Betsi Cadwaladr University Health Board																
Glan Clwyd Hospital	300	E	No	No	Yes	Yes	3.7	Yes	No	Yes	Yes	No	No	No	Yes	No

Key Indicators	How many IBD patients does your IBD Service manage?		Does the IBD Service have a named clinical lead?	Are there at least 1.5 WTE IBD Nurse Specialists in the IBD Team?	Are there at least 0.5 WTE Dietitians allocated to gastroenterology?	Is there a designated Gastroenterology ward on site?		Is there a multidisciplinary nutrition team?	Does the IBD Service provide written information for patients with IBD on whom to contact in the event of a relapse?	Can relapsing IBD patients expect to be seen for specialist review within 7 days of referral?	Are regular timetabled IBD Team, meetings held to discuss IBD patients?	Are joint or parallel gastroenterology/colorectal surgery clinics held?	Are there guidelines for the management of Acute Severe Colitis?	Is a written care plan available for IBD patients?	Is there a shared care agreement with Primary Care?	Is there a specific paediatric to adult transition policy?
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UK results 2010	Median = 788	85% = E	Yes = 76%	Yes = 21%	Yes = 60%	Yes = 89%	Median = 4	Yes = 72%	Yes = 79%	Yes = 88%	Yes = 75%	Yes = 56%	Yes = 79%	Yes = 33%	Yes = 34%	Yes = 36%
Wrexham Maelor Hospital	500	E	Yes	No	Yes	Yes	5.8	Yes	No	Yes	Yes	Yes	Yes	No	No	No
Ysbyty Gwynedd	351	D	No	No	Yes	Yes	3.6	No	Yes	Yes	No	No	Yes	No	No	No
Cardiff and Vale University Health Board																
University Hospital Llandough	1000	D	Yes	No	Yes	Yes	9	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
University Hospital of Wales	1000	E	Yes	Yes	Yes	Yes	2.5	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes
Cwm Taf Health Board																
Royal Glamorgan Hospital	600	E	Yes	No	No	Yes	7	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Prince Charles Hospital	550	E	Yes	No	No	Yes	4.2	No	No	No	No	No	Yes	No	No	No
Hywel Dda Health Board																
Prince Philip Hospital	100	E	No	No	No	Yes	8	No	No	Yes	No	No	Yes	Yes	No	No
Withybush General Hospital	300	E	Yes	No	No	No		No	Yes	Yes	No	No	No	No	No	No

Appendix 1

UK IBD Audit Steering Group – May 2011

Chair

Dr Ian Arnott, Consultant Gastroenterologist, Western General Hospital, Edinburgh

Association of Coloproctology of Great Britain and Ireland

Mr Bruce George, Consultant Colorectal Surgeon, John Radcliffe Hospital

Association of Coloproctology of Great Britain and Ireland

Mr Graeme Wilson, Consultant Colorectal Surgeon, Western General Hospital, Edinburgh

British Dietetic Association

Ms Miranda Lomer, Consultant Dietitian, Guy's and St Thomas' NHS Foundation Trust

British Society of Gastroenterology

Dr Stuart Bloom, Consultant Gastroenterologist, University College Hospital

British Society of Gastroenterology

Dr Keith Bodger, Consultant Physician & Gastroenterologist, University Hospital Aintree

British Society of Gastroenterology

Dr Barney Hawthorne, Consultant Gastroenterologist, University Hospital of Wales

British Society of Gastroenterology

Dr Keith Leiper, Consultant Gastroenterologist, Royal Liverpool University Hospital

British Society of Gastroenterology

Professor Chris Probert, Consultant Gastroenterologist, Bristol Royal Infirmary

British Society of Gastroenterology

Professor Jonathan Rhodes, Professor of Medicine, University of Liverpool

British Society of Gastroenterology

Mrs Chris Romaya, Executive Secretary

British Society of Gastroenterology

Dr Ian Shaw, Consultant Gastroenterologist, Gloucestershire Royal Hospital

British Society of Gastroenterology

Dr Abraham Varghese, Consultant Gastroenterologist, Causeway Hospital

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

Dr Sally Mitton, Consultant Paediatric Gastroenterologist, St George's Hospital

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

Dr Richard Russell, Consultant Paediatric Gastroenterologist, Yorkhill Hospital, Glasgow

Health Services Modernisation

Mr John Frankish, Aneurin Bevan Health Board

Crohn's and Colitis UK (NACC)

Mr Richard Driscoll, Chief Executive

Crohn's and Colitis UK (NACC)

Ms Elaine Steven, Vice-President

Primary Care Society for Gastroenterology

Dr John O'Malley, Clinical Director, All Day Health Centre, Arrowe Park Hospital

Royal College of Nursing Crohn's and Colitis Special Interest Group

Ms Karen Kemp, IBD Clinical Nurse Specialist, Manchester Royal Infirmary

Royal College of Nursing Crohn's and Colitis Special Interest Group
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Mr Calvin Down, Project Manager, UK IBD Audit

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Royal Pharmaceutical Society of Great Britain
Ms Anja St. Clair-Jones, Lead Pharmacist Surgery and Digestive Diseases, Royal Sussex
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