Dear <<Insert name of Integrated Care Board/Health Board/Health and Social Care Trust Chief Executive>>,

I <<have been contacted by my constituent(s)/am writing to you>> about Inflammatory Bowel Disease (IBD) services at <<insert name of Integrated Care Board/Health Board/Health and Social Care Trust>> and how you are working with primary care services to ensure that people with Crohn’s and Colitis receive a timely diagnosis.

Crohn's Disease and Ulcerative Colitis (the two main forms of IBD) are incurable, lifelong diseases of the gut. Symptoms include urgent and frequent diarrhoea (often with blood), abdominal pain, fatigue and weight loss, with associated anxiety and depression. These lead to time off school and work, withdrawal from social relationships and the inability to carry out everyday activities.

I have attached a brief by Crohn’s & Colitis UK, which shows that millions of people across the UK would avoid the GP if they had symptoms of Crohn’s or Colitis because they would be too embarrassed, scared or unconfident to describe what was happening to them.

Delays to treatment affects people’s ability to continue education and work and narrows their treatment options while increasing their risk of being hospitalised or needing emergency surgery. Treating patients with Crohn’s and Colitis costs the NHS as much as treating those with cancer or heart conditions[[1]](#footnote-2).

Yet despite clear patient need and significant costs to the NHS[[2]](#footnote-3), delays to diagnosis of Crohn’s and Colitis remain at the bottom of the health agenda. The result is one in four people will wait more than a year to be diagnosed, and nearly half will end up in A&E at least once before their diagnosis[[3]](#footnote-4).

Together, we can help people take control of their health, build back public confidence in primary care and ensure people get diagnosed and treated without delay.

I would be grateful if you could let me know how you will:

1. Raise awareness and encourage primary healthcare professionals to access resources and training developed by Crohn’s & Colitis UK and partners, including the Royal College of GPs.
2. Ensure access and encourage the use of faecal calprotectin testing in primary care.
3. Monitor the endoscopy waiting times for people with suspected Inflammatory Bowel Disease.

I hope that you will engage with Crohn’s & Colitis UK’s campaign to help make early diagnosis a reality in <<insert place name>>.

I look forward to receiving your response.

<<Insert your name>>

1. Luces, C. and Bodger, K. (2006). Economic burden of inflammatory bowel disease: A UK perspective. Expert Review of Pharmacoeconomics & Outcomes Research. 6, 471-482. [↑](#footnote-ref-2)
2. Ghosh, N. and Premchand, P. (2015) A UK cost of care model for inflammatory bowel disease. *Frontline Gastroenterol*. **6** (3), 169-174. [↑](#footnote-ref-3)
3. IBD UK. (2021). *Crohn’s and Colitis Care in the UK: The Hidden Cost and a Vision for Change*. [CROJ8096-IBD-National-Report-WEB-210427-2.pdf](https://s3.eu-west-2.amazonaws.com/files.ibduk.org/documents/CROJ8096-IBD-National-Report-WEB-210427-2.pdf) [↑](#footnote-ref-4)