Conclusions Colitis reported on CT correlates with endoscopic colitis in only 8% of patients in this study. Less than 5% are diagnosed with IBD at 6 months follow up. The correlation improves in younger patients and with shorter interval between CT and endoscopy. One in five patients had completely normal endoscopy and over 90% had a benign diagnosis. Radiological reporting of fat stranding was an independent risk factor for endoscopic colitis. Anaemia and raised CRP helps identify those at higher risk of malignancy whilst raised CRP alone shows a trend towards identifying true colitis. We conclude that the findings of CRP alone shows a trend towards identifying true colitis. We help identifies those at higher risk of malignancy whilst raised CRP alone shows a trend towards identifying true colitis. We conclude that the findings of CRP alone shows a trend towards identifying true colitis.

Conclusion At the Royal United Hospital Bath, there has been a significant year on year increase in the number of WW referrals which has negatively impacted on the ability to see suspected IBD patients within the recommended 4 week period. The new IBD nurse led rapid access pathway resulted in 83% of suspected IBD patients being reviewed within 4 weeks and all suspected IBD patients being reviewed within 6 weeks. Interestingly, only 30% of patients were found to have a new diagnosis of IBD. The study showed that FC testing was only happening in a minority of cases. The importance of FC testing has since been highlighted at educational meetings with local GPs and a more rigid IBD referral proforma has been developed. This study shows that an IBD nurse led rapid referral pathway can improve the patient experience by facilitating a quicker diagnosis of IBD and enhances continuity of care.