

FOI REF: 25/925

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14th January 2026

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FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

I would be grateful if you could provide the following data relating to irritable bowel syndrome (IBS) and gastroenterology/dietetic services.

1. Patient Referrals

a. **The number of patients diagnosed with IBS who have been referred to gastroenterology services in each of the past five years.**

We do not hold this information as Gastroenterology referrals are not coded to diagnosis level.

b. **The number of patients diagnosed with IBS who have been referred to dietetic services in each of the past five years.**

	Referrals	Unique Patients Referred in Year
Dec 2020 - Nov 2021	29	29
Dec 2021 - Nov 2022	126	126
Dec 2022 - Nov 2023	79	79
Dec 2003 - Nov 2024	237	227
Dec 2024 – Nov 2025	207	203

c. **What criteria are used to determine whether an IBS patient is referred to gastroenterology vs dietetics?**

This is determined by the referrer.

Of note, where patients are referred to dietetics for "IBS" but have not had

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the appropriate testing done to exclude coeliac disease, IBD and (in over 45s) bowel cancer the referrals are returned to the referrer with the request that they complete the appropriate tests before re-referring. On a number of occasions this process has resulted in a revision of diagnosis to coeliac disease or IBD and is strictly enforced by dietetics through the triage process.

2. Workforce

- a. **The number of dietitians currently employed by the Trust who are trained or specialised in gut health, IBS, or gastrointestinal disorders.**

Dietetic outpatient provision for all gastroenterology conditions:

B6 community outpatients – 1wte
B6 acute inpatient – 1wte cross site
B7 community outpatients – 0.32wte
B8a community and acute - 0.2wte

Note: There is no specific B6 inpatient provision at present although gastroenterology wards are covered on both sites; so 1wte is an approximation. All registered Dietitians have basic training in gastrointestinal disorders and appropriate first line dietary advice for IBS.

3. Waiting Times and Waiting List Size

- a. **The current average waiting time for a gastroenterology appointment, and the number of IBS patients currently on the gastroenterology waiting list and for how long.**

We do not hold this information as Gastroenterology referrals are not coded to diagnosis level.

- b. **The current average waiting time for a dietitian appointment, and the number of IBS patients currently on the dietetic waiting list and for how long.**

As of 31st December 2025 there were 18 patients waiting to be seen for a first dietetic appointment with an IBS Referral.

Dietetics triages IBS patients according to the complexity of their overall presenting medical picture. This results in 2 primary patient streams: "IBS" and "IBS with complicating factors".

Due to limitations of the data recording, we are unable to separate out the care received by the 2 different streams to give a meaningful average wait time for patients referred with "IBS with complicating factors". As of 31st December 2025 the longest "IBS with complicating factors" waiter who is waiting for a 1:1 appointment with a specialist dietitian was referred 145 days/ 20 Weeks ago.

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Patients referred for “IBS” are seen through our specialist dietetic assistant led IBS and FBS pathway which was introduced in June 2024. This was done to specifically tackle long waiting times for patients with IBS and ensure they receive appropriate, evidence-based information as soon after referral as possible. We have been separately tracking the effect on waiting times that this pathway has had since its inception. Our current wait for “IBS” referrals into dietetics is: 4.2 weeks and on average is around 3 weeks although this fluctuates.

4. Service Capacity and Referral Pathways

a. If the Trust is unable to offer appointments to all patients with IBS who are referred to gastroenterology or dietetic services, please describe the process followed.

Dietetics offers all patients referred to them with an appropriate referral (e.g. appropriately investigated for other symptom causes) an appointment.

b. Where are these patients directed or signposted to (e.g., community services, external providers, self-management resources)?

Not applicable.

5. Service provision:

a. Does the Trust offer any specialist IBS clinics or multidisciplinary clinics?

Dietetics offers a specialist dietetic assistant (DA) led IBS / FBS first line advice pathway for patient with IBS without complicating factors. This consists of 3 x 30 minute appointments with a gastro specialist DA and the option for a 1 hour online group education session with an advanced specialist B7 gastroenterology dietitian. If at the end of this pathway patients have not had adequate symptom resolution, they have the option of a 1:1 appointment with a B6 or B7 gastro specialist dietitian.

Patients referred with IBS with complicating factors are offered a 1:1 appointment with a specialist gastroenterology dietitian.

b. What patient education or self-management resources are provided for IBS?

Throughout the pathway we provide education to patients in a variety of ways to suit their needs and preferences:

- Phase 1 patients have the option between a written information pack that is tailored to their needs or to attend a virtual hour long first line advice group education session with a specialist dietitian. During the education session, additional signposting to services such as ‘Health in mind’ and diaphragmatic breathing education videos are given where appropriate.
- Phase 2 patients are offered the opportunity to undertake the low

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- FODMAP diet, if this is deemed appropriate, and they are provided with verbal, written and multimedia (online dietetic produced NHS webinars) to support them in implementing this.

c. **Does the Trust outsource IBS-related dietetic or gastroenterology care to private or third-party providers? If so, to which providers and how many patients in each of the last five years?**

No.

6. Follow-up and discharge policy:

a. **What is the Trust's policy for follow-up appointments for IBS patients?**

Dietetic patients are offered the opportunity to opt in to follow up (patient initiated follow up) at each stage of the IBS pathway.

b. **Under what circumstances are IBS patients discharged back to GP care?**

Dietetic patients are referred back to their referrer if they fail to attend two consecutive appointments, if they request for us to do so or if we uncover information during a discussion that leads us to suspect that there may be a different underlying condition (such as SIBO, BAM, HIT or PEI) that needs to be further tested/prescribed for.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Freedom of Information Department
esh-tr.foi@nhs.net