The Association for Clinical Biochemistry & Laboratory Medicine
Better Science, Better Testing, Better Care

The Royal College of Pathologists
Pathology: the science behind the cure

Audit Template

Audit Title: Northern Ireland Regional Audit on the provision of Faecal Calprotectin	
Lead Auditor: Elinor Hanna	**Audit date(s):** June 2016
Please indicate if **Local / Regional / National Audit** Please indicate which hospital & location or region Regional	**Report Author:** Name: Elinor Hanna Email:Elinor.hanna@northerntrust.hscni.net
Aims of the Audit: To ascertain the current activity in the provision of faecal calprotectin to NICE guideline DG 11	
Audit Method and Outcome(s): A questionnaire was sent out to Biochemistry laboratories in the Northern Ireland Region asking questions related to faecal calprotectin (FC). One response was received from all 5 HSC Trusts. All laboratories offered faecal calprotectin but only one Trust performed the test in house. 4 Trusts referred samples to England or Wales with variation in cost between referral labs. The FC tests were available in secondary care. Faecal Calprotectin was available to primary care from 4 Trusts (2 of these via GI consultant) but 1 Trust had restricted the availability to secondary care only until a care pathway and funding were in place. The cost of the faecal calprotectin differed between referral labs (£25-£37.50) and was cheapest in the Trust analysing in house (currently £22). The method for extraction and analysis was the same for 3/5 trusts who referred to the same lab. All labs performing the test participated in EQA but IQC was not known for some referral labs. There was some variation in the cut off values quoted for faecal calprotectin to differentiate irritable bowel syndrome from inflammatory bowel disease between referral labs depending on the method used and extraction. Laboratory reports contained clinical interpretation provided from the referral lab. The primary care pathway provided by one referral lab had used different cut-offs from the cut-offs they provided in their lab reports. The sample stability was room temperature or 4^0C for up to 6 days and therefore suitable for first class post. Results were available electronically on NIECR in 3 Trusts (2 enter the referral results onto their LIMS), in the other 2 Trusts the printed report from the referral lab is forwarded to the requestor. One laboratory had a 2 fold increase in the workload from 1203 tests in 2014/15 to 2471 tests in 2015/16. Not all labs provided the workload figures to calculate the total regional requests. There were variations in the pattern of primary care to secondary	

care requesting. There were a significant number of patients who had repeated FC testing performed (between 2 - 5 times in a year) and often this was for monitoring of known IBD.

Audit Recommendations / Standards:

1. Regional referral laboratory for faecal calprotectin should be standardized if test is not performed in house.
2. Samples sent to a referral laboratory for faecal calprotectin should be sent by first class post and be received by referral laboratory within 6 days.
3. The cut-offs used and interpretation comments should be standardized depending on the method used and quoted by the referral laboratory.
4. Laboratories should provide referral lab results on NIECR when this is available through scanned reports.
5. One laboratory in NI should provide analysis of faecal calprotectin for the region.
6. A diagnostic pathway should be in place to guide the use of faecal calprotectin in primary care with respect to NICE DG 11.
7. The use of faecal calprotectin in monitoring of IBD patients requires additional funding as this use is outside of NICE DG11and should be highlighted to commissioners.

Audit recommendations / standards ratified by … and when:

Date of audit report:
17/01/2017

Audit documents for upload to http://www.acb.org.uk/whatwedo/science/audit.aspx