

SUPPLEMENTARY MATERIALS

Supplementary Table 1

	Diarrhoea	Abdominal Pain	Weight Loss	Rectal Bleeding	Row Totals
Group A	114 (108.68) [0.26]	113 (121.65) [0.62]	46 (43.25) [0.17]	46 (45.42) [0.01]	319
Group B	87 (92.32) [0.31]	112 (103.35) [0.72]	34 (36.75) [0.21]	38 (38.58) [0.01]	271
Column Totals	201	225	80	84	590 (Grand Total)

Supplementary Table 1 shows distribution of the 4 top ranked presenting symptoms of suspected IBD in primary care.

Supplementary Table 2

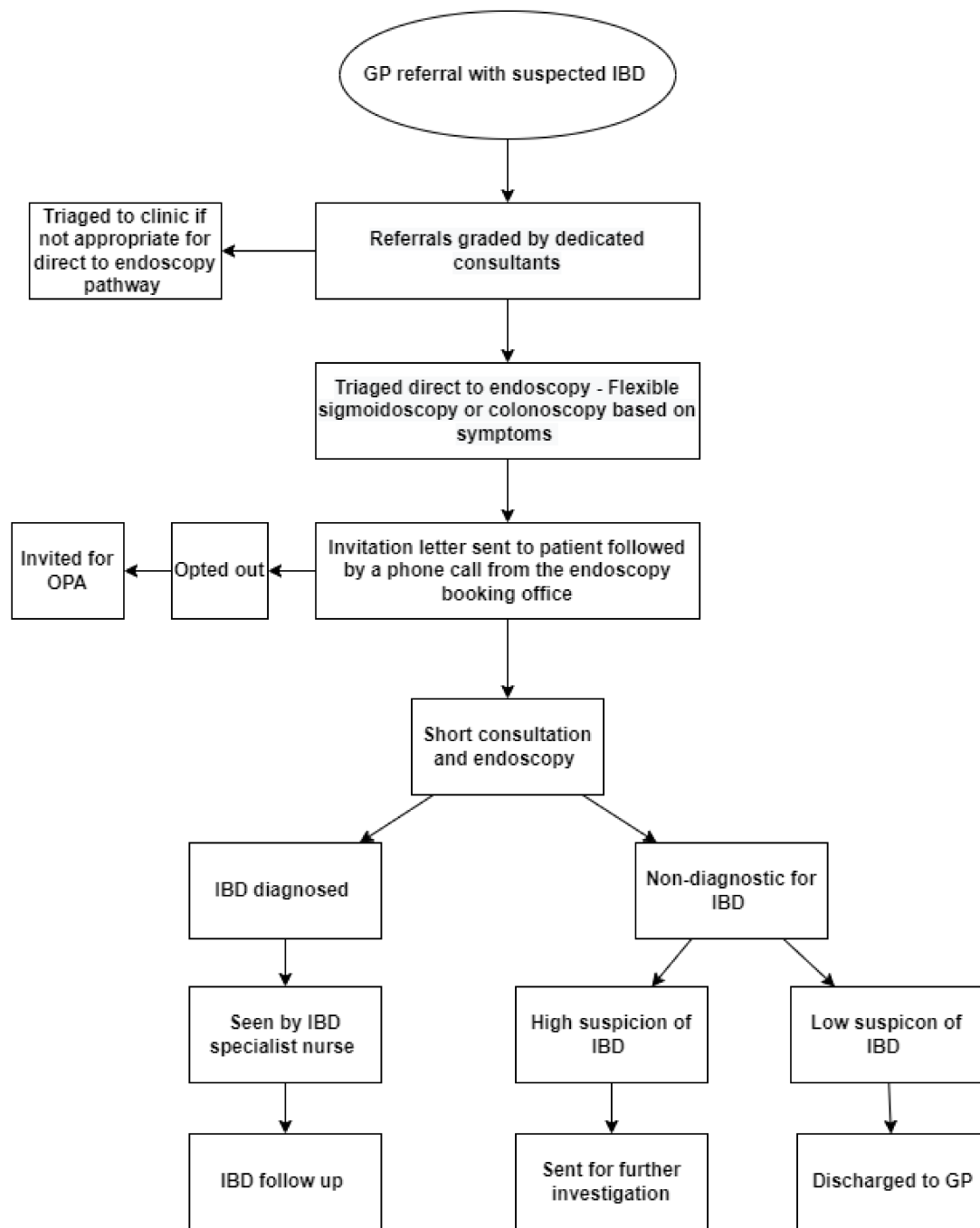
IBD Treatment initiated at endoscopy, no [%]	68 (76) [89.5%]	42 (52) [80.8%]
	UC (n=49)	UC (n= 16)
Oral mesalazine	37 [75.5%]	9 [56.2%]
Topical mesalazine	35 [71.4%]	11 [84.6%]
Hydrocortisone	3 [6.1%]	0 [0%]
Prednisolone	6 [12.2%]	1 [6.2%]
Budesonide	3 [6.1%]	0 [0%]
Anti-TNF with IMM	3 [6.1%]	0 [0%]
Anti-TNF monotherapy	4 [8.2%]	0 [0%]
IMM monotherapy	1 [2.0%]	0 [0%]
	CD (n=21)	CD (n=31)
Hydrocortisone	1 [4.7%]	0 [0%]
Prednisolone	0 [0%]	3 [9.7%]
Budesonide	13 [61.9%]	14 [45.2%]
Anti-TNF with IMM	3 [14.3%]	7 [22.6%]
Anti-TNF monotherapy	2 [9.5%]	7 [22.6%]
IMM monotherapy	1 [4.7%]	6 [19.4%]
Ustekinumab	1 [4.7%]	1 [3.2%]
	IBDU (n=6)	IBDU (n=5)
Oral mesalazine	2 [33.3%]	2 [40.0%]
Topical mesalazine	0 [0%]	1 [20.0%]
Hydrocortisone	1 [16.6%]	0 [0%]
Prednisolone	0 [0%]	0 [0%]
Budesonide	2 [33.3%]	1 [20.0%]
Anti-TNF with IMM	0 [0%]	1 [20.0%]
Anti-TNF monotherapy	0 [0%]	0 [0%]
IMM monotherapy	0 [0%]	0 [0%]

Supplementary Table 2 shows treatment options for the different cohorts

Supplementary Table 3

Further investigations	Group A (n=35)	Group B (n=58)
Colonoscopy, n [(%)]	4 [11.4%]	1 [1.7%]
Capsule endoscopy n [(%)]	4 [11.4%]	2 [3.4%]
MRI small bowel n [(%)]	5 [14.3%]	0 [0%]
SeHCAT scan n [(%)]	4 [11.4%]	1 [1.7%]
Gastroscopy n [(%)]	0 [0%]	1 [1.7%]

Supplementary table 3: Investigations for non-IBD patients

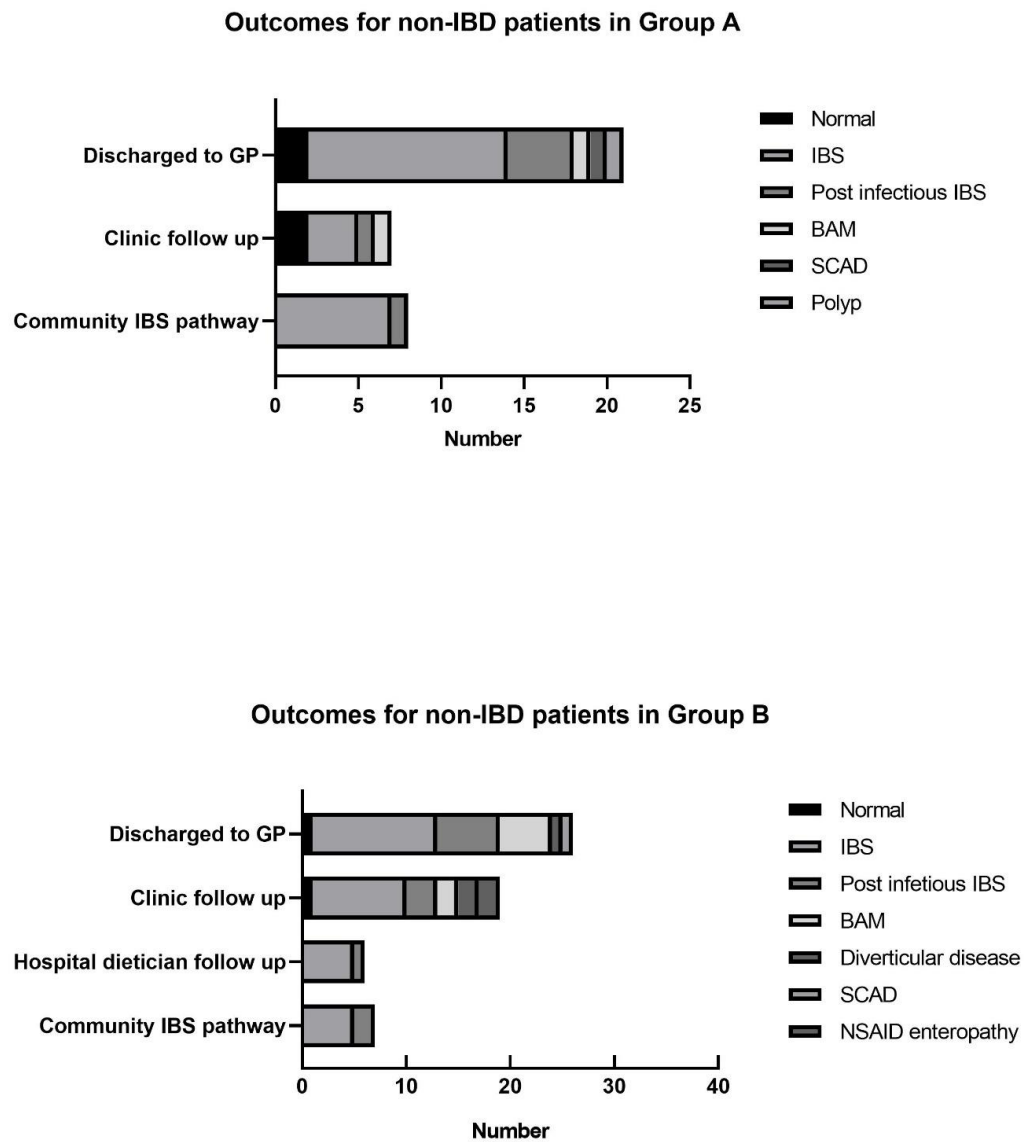
Supplementary Figure 1

Supplementary Figure 1: shows the Direct-access, IBD-physician delivered endoscopy pathway

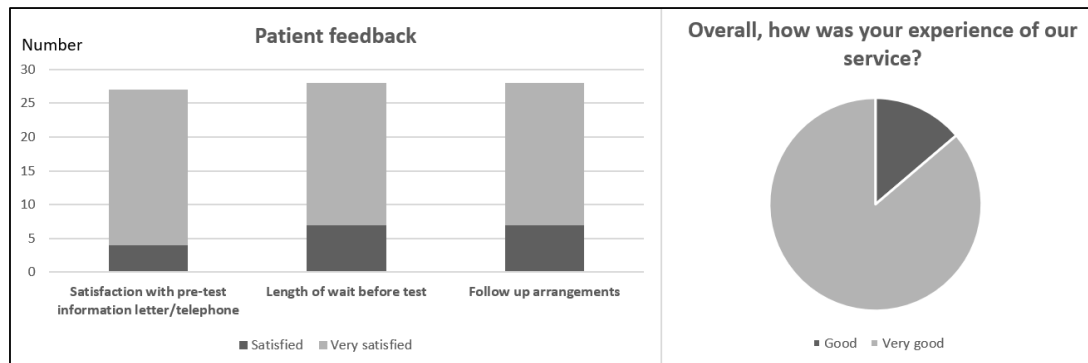
Supplementary Figure 2

<p>Your GP has referred you to our gastroenterology service with suspected inflammatory bowel disease. The quickest way to arrive at a diagnosis and treatment, if appropriate, is to bring you directly to our endoscopy unit for a short consultation prior to a flexible sigmoidoscopy with one of our specialists in inflammatory bowel disease.</p> <p>A flexible sigmoidoscopy is a camera test to directly look at the lower bowel. This is an abbreviated form of a colonoscopy, however, it does not require a full bowel prep and takes less time.</p> <p>For information about a flexible sigmoidoscopy please see the attached information.</p> <p>I have included a stool sample called Calprotectin (with instructions on how to perform the test). This stool test measures the inflammation in your intestinal tract. I would be grateful if you could drop the completed stool sample at your GP or at the General Hospital in Southampton.</p> <p>You will be phoned by the endoscopy booking office soon to discuss the appointment details.</p> <p>Yours sincerely,</p> <p><i>Electronic signature will go here DO NOT REMOVE</i></p> <p>Dr</p>	<p>Your GP has referred you to our gastroenterology service with suspected inflammatory bowel disease. The quickest way to arrive at a diagnosis and treatment, if appropriate, is to bring you directly to our endoscopy unit for a short consultation prior to a colonoscopy with one of our specialists in inflammatory bowel disease.</p> <p>For information about a colonoscopy please see the attached information.</p> <p>I have included a stool sample called Calprotectin (with instructions on how to perform the test). This stool test measures the inflammation in your intestinal tract. I would be grateful if you could drop the completed stool sample at your GP or at the General Hospital in Southampton.</p> <p>You will be phoned by the endoscopy booking office soon to discuss the appointment details.</p> <p>Yours sincerely,</p> <p><i>Electronic signature will go here DO NOT REMOVE</i></p> <p>Dr</p>
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Supplementary Figure 2: Direct to endoscopy pathway invitation letter

Supplementary Figure 3**Supplementary Figure 3: Outcomes for Non-IBD Patients**

IBS, irritable bowel syndrome; BAM, bile salt malabsorption; SCAD, Segmental colitis associated with diverticulosis; NSAID, non-steroidal anti-inflammatory drug

Supplementary Figure 4**Supplementary Figure 4: Patient feedback for the new pathway**