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

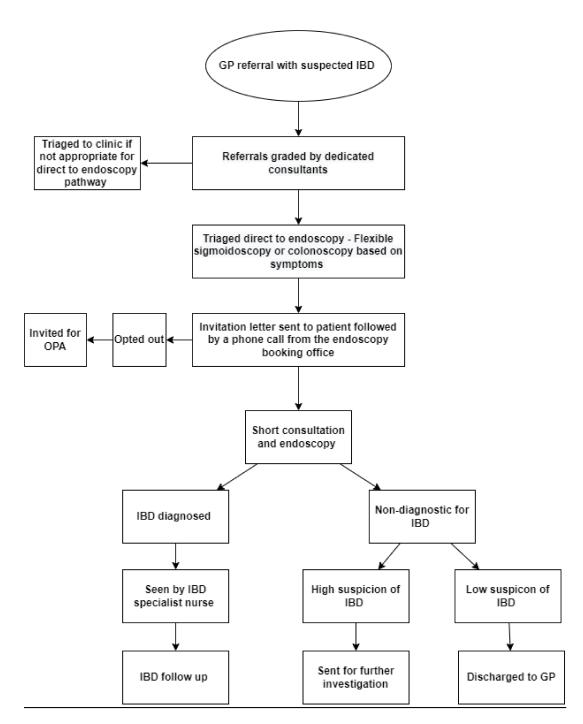
IBD Treatment initiated at endoscopy, no [%]	68 (76) [89.5%]	42 (52) [80.8%]	
	UC (n=49)	UC (n= 16)	
Oral mesalazine Topical mesalazine Hydrocortisone Prednisolone Budesonide Anti-TNF with IMM Anti-TNF monotherapy IMM monotherapy	37 [75.5%] 35 [71.4%] 3 [6.1%] 6 [12.2%] 3 [6.1%] 3 [6.1%] 4 [8.2%] 1 [2.0%]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

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.

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.

For information about a flexible sigmoidoscopy please see the attached information

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.

You will be phoned by the endoscopy booking office soon to discuss the appointment details.

Yours sincerely,

Electronic signature will go here DO NOT REMOVE

Dr

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.

For information about a colonoscopy please see the please see the attached information.

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.

You will be phoned by the endoscopy booking office soon to discuss the appointment details.

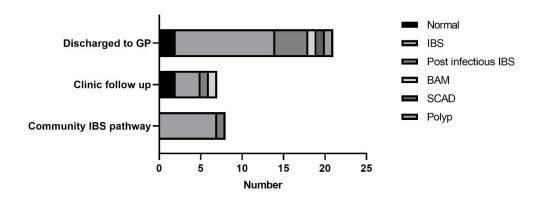
Yours sincerely,

Electronic signature will go here DO NOT REMOVE

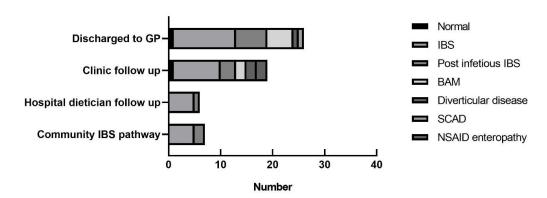
Dr

Supplementary Figure 2: Direct to endoscopy pathway invitation letter

Outcomes for non-IBD patients in Group A

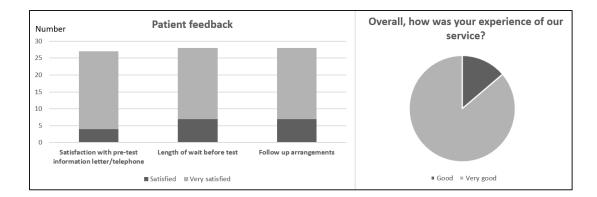


Outcomes for non-IBD patients in Group B



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: Patient feedback for the new pathway