**FIT KIT Protocol – Mid Dorset PCN**

**FIT Kit for patients with rectal bleeding** clinician to explain to patient to take the sample from an area of stool without blood on it as the test is for microscopic blood.

Patients with **anal ulceration** or **anal/abdo/rectal mass** do not have to do a FIT test.

**Patient *is not* with clinician**

* FIT test ordered on ICE; form and sticker are printed with date blank- to be completed by patient. Sticker is stapled to the form
* Form/sticker are given to the admin team with advice as to whether the patient knows to collect it.
* If needed, the admin team contacts patient to ask them to collect the kit, explaining the importance of collecting & returning the test quickly
* **Admin team add patient to the FIT spreadsheet** and keep FIT ICE request in a designated box in reception.
* **Form/sticker/FIT kit provided to patient as per guidance in red box below or if patients decline to do the test admin to follow advice in FIT Admin Safety Netting box 1 below.**

**Patient is with clinician**

* FIT test ordered on ICE; form and sticker are printed with date blank- to be completed by patient. Sticker is stapled to the form
* **EITHER** Clinician accompanies patient to reception desk and hands form/sticker to admin team for them to issue a FIT kit **as per guidance in red box below**. (Form is not given to patient as they could leave without the kit)
* **OR** Clinician gives out FIT kit **as per guidance in red box below** **and informs the admin team so they can add the patient & date FIT kit given to the FIT spreadsheet**.
* In both cases the Importance of returning the test quickly is explained

**Provision of FIT kit to patient/patient representative**

* **Check FIT kit and form:**
	+ FIT kit slip attached to outside of envelope, “How to take a FIT sample” leaflet, sample pot, sample bag, ICE form and sticker
* **Ask patient:**
	+ To read FIT sample-taking leaflet and additional information on FIT Kit slip (if they have reading issues check someone can help them)
	+ Whether they consent to be sent FIT kit information and reminder texts electronically (immediate message then reminder 3 days later)
* **Code “****Provision of faecal immunochemical test kit”, shortcut/synonym\* /FITG, in patient’s notes. Enter patient’s name and date FIT kit given, in the FIT spreadsheet. AND if patient consents, send them the accuRx message- “FIT Kit given”.**

IIF funding: FIT result **3 weeks before or 2 weeks after** 2ww lower GI referral.

**FIT Kit returned to surgery and sent to the lab**

* Admin receive the sample and pass it to a nurse to check.
* A nurse checks the sample pot is correctly closed, the date is on the sticker/pot **and** the ICE form, the form and pot are in the correct sections of the bag and the bag is sealed. The nurse makes sure the patients name is visible for the admin team.
* If there are any problems the nurse calls the patient and if necessary, re-requests the FIT test and follows the advice in the blue box above.
* If it’s ok, admin team **code “Stool sample sent to lab”, short cut/synonym\* /FITS in the patient’s notes and add the date to the FIT spreadsheet**. The sample is put in the lab collection box**. “Stool sent to lab” is not a FIT specific code but can be used if not used for anything else.**
* If the sample comes through after the evening lab sample collection, the sample is put in the fridge overnight, removed in the morning and sent to the lab the next day. For DCH lab it’s ok to send a sample to the lab on Friday evening but its not ok for a sample to be in a fridge all weekend, nor for one to be on the floor overnight (ie. we shouldn’t accept these being pushed through the letter box at night).

**\*shortcuts/synonyns will need to be set up by the practice**

**FIT Admin Safety Netting 1: FIT Kits are collected:**

* Admin team to audit FIT ICE form requests **every week** to ensure all patients who have had a FIT requested have been given their kit.
* This is done using the FIT spreadsheet.
* If a patient hasn’t collected a FIT kit **within a week** of the FIT being requested, the admin team will contact the patient to remind them butif the patient declines to do a test, they enter the code **“Provision of faecal immunochemical test kit declined”, shortcut/synonym\* /FITD** and send an urgent task to the Doctors group so a clinician can arrange follow-up of the patient.

**CLINICIAN SAFETY NETTING** **FOR ALL PATIENTS MEETING NICE Guidance 12 lower GI referral criteria**:

With the new lower GI 2ww form and FIT<10 pathway, clinicians will need to check the results of anyone who meets the lower GI 2ww referral criteria and decide on follow-up for those patients with FIT <10 as they need repeat bloods and FIT test 8 weeks after the first.

**FIT Admin Safety Netting 4: 2WW referral done for patients with a positive FIT result**

* Admin team to check that positive FIT results are actioned with a 2WW referral.
* This can be done by using the spreadsheet and manually checking the notes of each patient who had a positive result to see whether a 2ww referral has been done or by searching for “**Quantitative Faecal immunochemical test >= 10**” with no “**Fast track referral for suspected colorectal cancer**”. If a referral has not been done, the admin team will look into the situation and if a referral seems appropriate or if unsure then they will send an urgent task to the doctors group so a clinician can check and refer as appropriate.

**FIT Admin Safety Netting 3: FIT Results are back:**

* Admin team to check that all patients who have had a FIT test sent to the lab have a result filed in their notes **within 2 weeks** of the FIT being sent.
* This can be done by using the spreadsheet and manually checking each patients notes, or by searching for patients with a code of “**Quantitative Faecal immunochemical** **test**” and noting whether the result is positive (>10) or not in the spreadsheet.
* For patients with no result within 2 weeks, the admin team will call the lab to see if there is a hold up and send an urgent task to the doctors group to inform them in case the patient needs to be followed-up.

**FIT Admin Safety Netting 2: FIT Kits are returned:**

* Admin team to check **every week** that all patients who have been given a FIT Kit have returned them.
* This is done by checking the spreadsheet or by running a report for those patients with the code “**Provision of faecal immunochemical test kit**” but with no “**Stool sample sent to lab**” code and no “**Provision of faecal immunochemical test kit declined**” code.
* If a FIT kit has not been returned **within a week**, the admin team will contact the patient to remind them but if the patient declines to do a test, they enter the code “**Provision of faecal immunochemical test kit declined”, shortcut/synonym\* /FITD** and send an urgent task to the Doctors group so a clinician can arrange follow-up of the patient.