

Report to the Wessex Cancer Alliance Board

Title:	Embedding Faecal Immunochemical Testing (FIT) in the Lower GI Pathway			
Sponsor				
Author	Emily Bowman			
Date:	24/11/22			
Purpose	Assurance or reassurance	Approval	Ratification	Information Yes
Summary of paper:	<p>A new pathway for patients who have a FIT result of <10 has been agreed within Wessex following national direction. This has been subject to consultation and agreement of a joint colorectal Site Specific Group meeting as well as approval from the Wessex Clinical Reference Group.</p> <p>It is envisaged through implementing this pathway that patients will be directed on to the most appropriate pathway – potentially mitigating the need for invasive diagnostic procedures.</p>			
Implications: (Clinical, Organisational, Governance, Legal?)	Pathway has been discussed and agreed at Wessex Site Specific and Clinical Reference Group.			
Key risks and mitigations:	Key risks are in ensuring that patients are appropriately safety netted. This is mitigated by the fact patients being registered on Somerset Cancer Registry.			
Summary: Conclusion and/or recommendation	Recommended that the report is noted.			

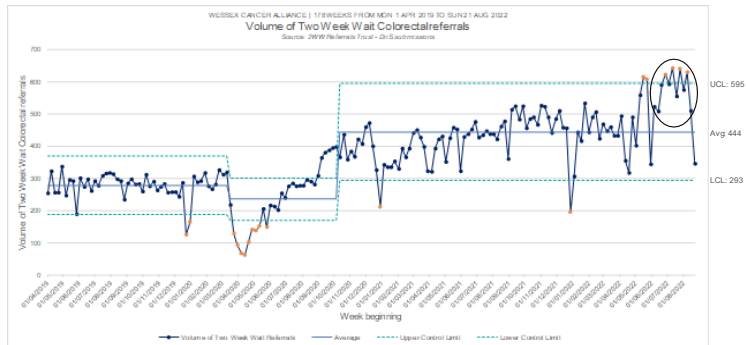


Background

There are current significant operational challenges for LGI suspected cancer pathways. Across England, referrals have risen substantially and waiting times have lengthened more than for any other tumour group since the pandemic.

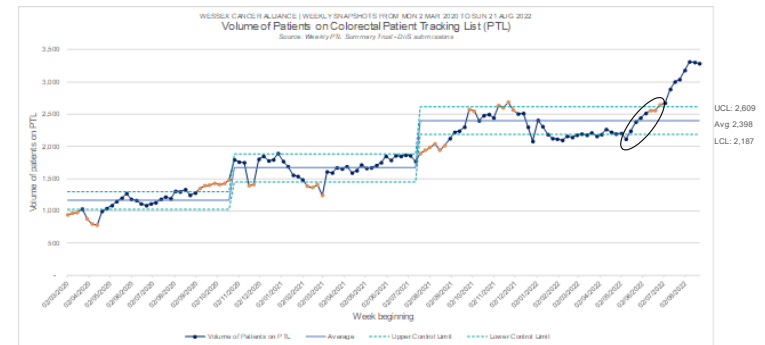
Wessex data shows an increase in the average volume of referrals and degree of variability since Covid, and this is reflected in increases in volumes of patients on the Colorectal Patient Tracking List. Challenges can also be seen in performance against the 28 Faster Diagnosis Standard.

Colorectal Two Week Wait Referrals Received



Note: Portsmouth data included from week beginning Mon 31 Aug 2020 onwards

Colorectal Patient Tracking List (PTL)



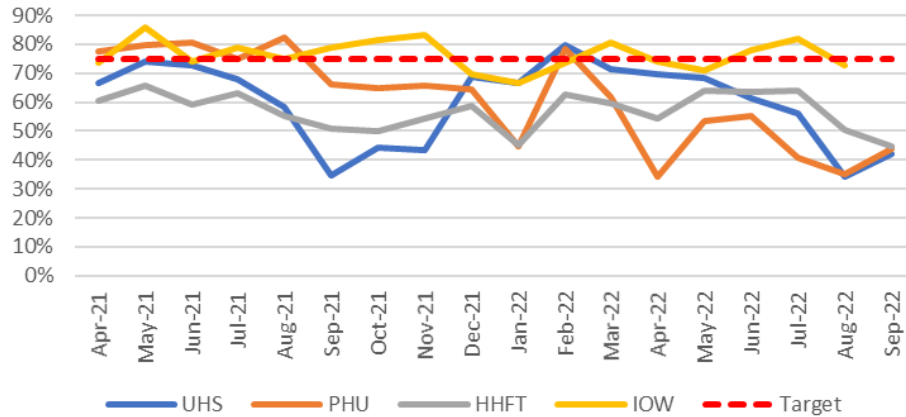
Note: Portsmouth data included from week beginning Mon 26 Oct 2020 onwards, HHFT data included from week beginning Mid 2020 onwards



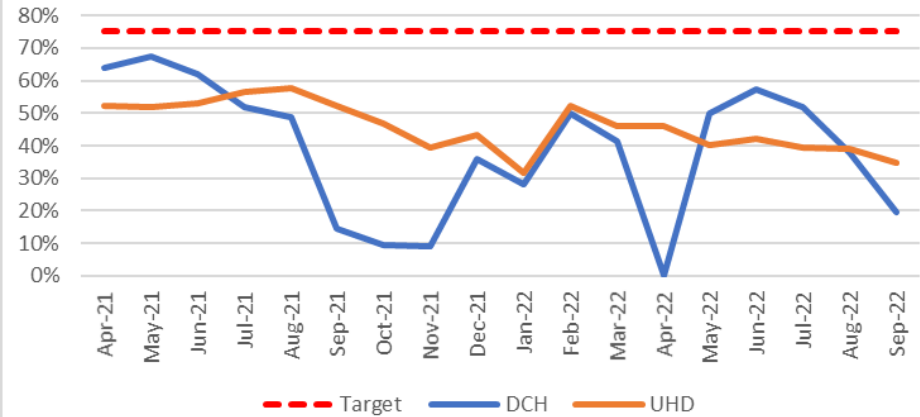
Colorectal 28 Day FDS Performance (Trust)



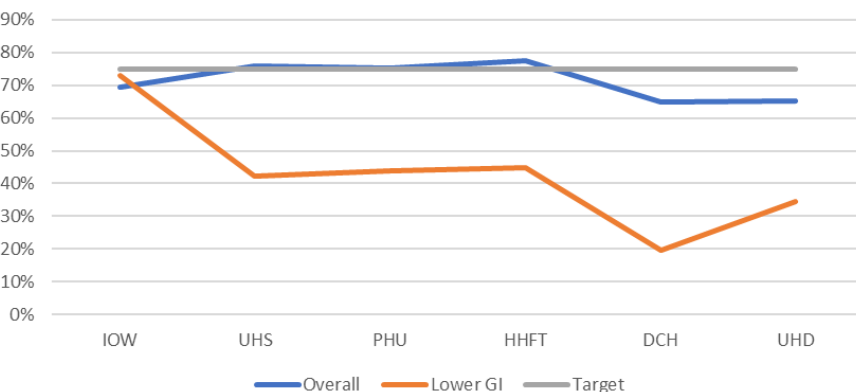
HIOW Trust FDS LGI performance trend
April 2021 - September 2022



Dorset Trust FDS LGI performance trend
April 2021 - September 2022



Overall vs. Lower GI - FDS Performance September 2022
(*IOW August data)



Impact of Lower GI FDS performance on Overall FDS performance - September 2022

Trust	Overall Pts. Seen	LGI Breaches	Impact of LGI breaches to overall performance	Current Overall Performance	Potential performance if no LGI breaches
IOW*	643	39	-6.1%	69.5%	75.6%
UHS	2304	336	-14.6%	76.0%	90.6%
PHU	2385	252	-10.6%	75.3%	85.9%
HHFT	2077	263	-12.7%	77.4%	90.1%
DCH	846	140	-16.5%	65.0%	81.5%
UHD	2893	442	-15.3%	65.3%	80.6%

*IOW August 22 data



Faecal Immunochemical Testing (FIT)



There is a growing body of evidence regarding the utility of FIT as a valid and reliable triage tool for colorectal cancer, which combined with the need to respond to the pressures on endoscopy services, presents a significant opportunity. By fully embedding FIT in the symptomatic LGI pathway we may be able to spare patients unnecessary colonoscopies and release capacity to ensure the most urgent patients are seen more quickly.

Data for Wessex Trusts (where available) show that only 45%-50% of LGI suspected cancer referrals are coming through with a FIT and the result is not routinely being used to inform triage, in primary or secondary care. Around a quarter of colonoscopies are being carried out on patients with a FIT<10 and just under half are carried out where a FIT result is not known.

Policy context

Use of FIT was identified as a priority in the 2022 [NHS Priorities and Operational Planning Guidance](#), outlining the need for every urgent suspected LGI cancer referral to be accompanied by a FIT result. This has been further supported by the [22/23 PCN DES](#) GP Contract which includes a financial incentive related to the proportion of LGI 2ww referrals accompanied by a FIT.

In July the British Society of Gastroenterology (BSG) and the Association of Coloproctology of Great Britain & Ireland (ACPGBI) published a NICE accredited [joint guideline on use of FIT](#) in patients with signs or symptoms of colorectal cancer.

The recommendations from these guidelines included:

- *FIT should be used by primary care clinicians to prioritise patients with clinical features of colorectal cancer (CRC) for referral for urgent investigation*
- *A FIT threshold of fHb $\geq 10\mu\text{g Hb/g}$ should be used in primary care to select patients with lower GI symptoms for an urgent referral pathway for CRC investigation.*
- *Some patients with symptoms of suspected CRC may be managed in primary care if fHb $< 10\mu\text{g Hb/g}$, and provided appropriate safety-netting is in place*

In October 2022 NHSE [letters to health system leads](#) on the use of FIT in the LGI pathway asked for the recommendations in the BSG/ACPGBI guidance to be implemented in full, including the requirement that **patients with a FIT <10, with normal full blood count and no ongoing clinical concerns are not referred on a LGI urgent pathway but instead managed in primary care or referred on an alternative pathway.**



Faecal Immunochemical Testing (FIT)



Across Wessex, FIT testing is already being used by primary care to guide referral for symptomatic patients who don't meet specified criteria for a LGI 2ww referral. However for patients who present with high-risk symptoms and fulfil the criteria, FIT as a prerequisite for referral has not previously been explicit in national or local guidance.

Use of FIT as a threshold for referral, and the management of symptomatic FIT<10 patients in primary care, would therefore represent a significant shift in practice for GPs, for whom FIT testing is still relatively new. Safety netting processes in primary care are variable, and there are real concerns about patients being lost to the system and cancers being missed. Until NICE guidance is updated in line with recent evidence, there is a risk that primary care will be hesitant to fully implement the recommendations due to concerns around patient safety and the medico-legal implications of not referring patients with high-risk symptoms.

FIT<10 Safety Netting Pathway

To address the legitimate concerns of primary care and ease the pressure on the LGI 2ww pathway as quickly as possible, it was agreed at the Joint Wessex Colorectal SSG (21st Sept 2022) to develop a safety netting referral pathway for patients who meet the criteria for a suspected cancer referral but with a FIT result <10. The pathway will include a repeat FIT test at 8-10 weeks; results from a recent study show **patients with two negative FIT test results have a colorectal cancer risk of <0.04%.**

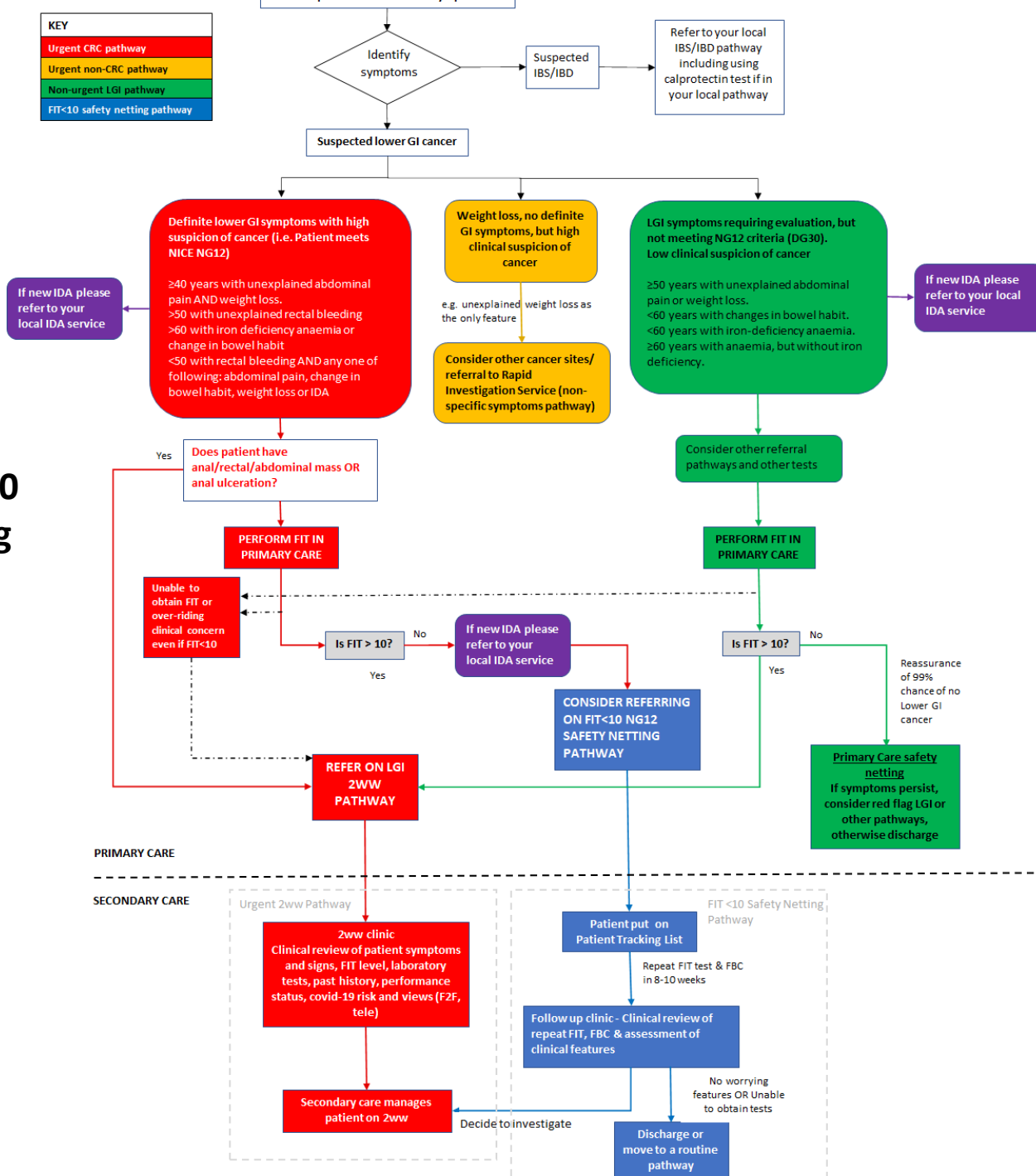
As per the BSG/ACPGBI guideline, primary care will be asked to FIT test all patients presenting with symptoms of suspected colorectal cancer (with some exclusions) and to wait for the result before making a referral.

Safety netting in primary care for FIT<10 µg Hb/g patients will be strongly encouraged and local guidance will be developed to support this. However, where robust safety netting processes are not yet in place or the GP/referrer has ongoing concerns and does not feel comfortable managing the patient in primary care, there will be the option to refer these patients on a separate, non-2ww pathway into secondary care.



KEY	
Urgent CRC pathway	
Urgent non-CRC pathway	
Non-urgent LGI pathway	
FIT<10 safety netting pathway	

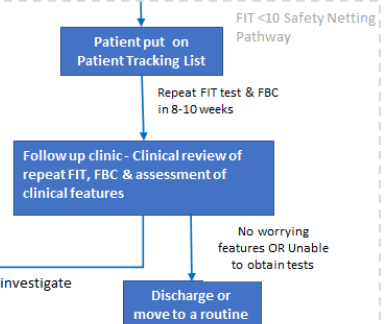
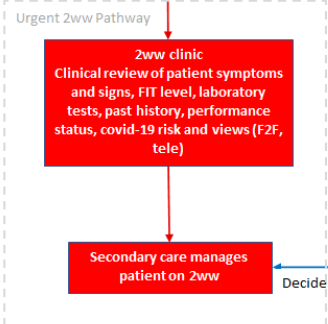
Adult patient with lower GI symptoms



Wessex FIT<10 Safety Netting Pathway

PRIMARY CARE

SECONDARY CARE





FIT<10 Safety Netting Pathway

The pathway is proposed as an interim, time-limited measure to support the implementation of FIT in the LGI pathway across Wessex and increase primary care confidence in the test as a reliable triage tool. The pathway will remain in place until updated NICE guidance is published (expected end 2023), at which point the management of FIT<10 patients is expected to transition to sit fully within primary care.

Criteria:

- symptoms meeting NG12 criteria for suspected colorectal cancer
- FIT concentration <10 µg Hb/g
- absence of any of the following: iron deficiency anaemia, anal/rectal/abdominal mass, anal ulceration

Protocol:

- referral received via e-RS on 'FIT <10 NG12 safety netting pathway'
- referral checked for completeness and missing information sought from GP
- telephone call (virtual clinic) with patient to confirm referral, explain next steps and provide contact details
- patient sent letter confirming the details above
- patient will be booked by the hospital for repeat bloods (FBC), posted a repeat FIT, and booked into a virtual follow-up clinic in eight to ten weeks
- clinician led virtual clinic to determine management plan
- options are: discharge to GP, upgrade onto urgent cancer pathway, further investigations required on routine pathway
- outcome to be explained to patient and letter sent to GP and patient explaining.

This cohort of patients will be tracked on a tracking list separate to the 2ww and routine patient tracking list (PTL). This means that the patients on this pathway will not be included in 2ww performance reporting and will be easy to identify.



Implementing the FIT<10 Pathway



- The pathway and following documents have been agreed by Wessex Colorectal SSG leads and WCA Primary Care Leads, and approved at both the Wessex Cancer Alliance and Dorset CRG meetings:
 - ❖ Lower GI 2-week wait referral form
 - ❖ FIT<10 Safety Netting Pathway referral form
 - ❖ Wessex FIT Pathway Flow Chart
- Further resources to support the pathway, including a Patient Information Leaflet, FAQ document for primary care, and guidance for the wider primary care team are being developed.
- A Comms Group will oversee the dissemination of information to primary care and an education plan.
- An Implementation Group has been set up to support teams to operationalise the pathway within Trusts and a draft SOP has been shared.
- WCA have offered funding to each Trust to support implementation of the pathway. A portion of this funding has been allocated based on Trust LGI 2 week wait referral numbers. See below. Funding will also be given for providers to put in place a Pathway Navigator (or equivalent)

Trust	UHS	PHU	HHFT	IOW	UHD	DCH
Funding available	£64,183	£59,109	£60,107	£44,172	£73,008	£49,418

- **The new pathway is due to go-live on the 2nd January 2023 and run for approximately 12 months.**
- Wessex labs have been made aware of the new pathway and timeline and are satisfied that they will have capacity to manage the increase in FIT tests coming in for analysis. Work is underway to model the projected increase to help the labs to plan more effectively. WCA are also providing the UHS pathology team with funding for an additional FIT analyser to mitigate the risk of relying on one machine for such a large population.
- Data on use of the FIT<10 pathway and the impact on the 2ww pathway and endoscopy services will be collected by the Alliance and reviewed on a monthly basis by the WCA FIT Steering Group and any actions identified. This data will be collated across the year and used to support the transition of the safety netting pathway to primary care.



Risks and mitigations

Risk	Mitigation
Insufficient processing capacity within labs	Monthly FIT Steering Groups – sufficient capacity at PHU, discussions held re lab in Dorset but concern re workforce. WCA working with UHS to ensure sufficient capacity is in place and providing support
Insufficient capacity within secondary care to administer new pathway	WCA providing financial support
New pathway not utilised by primary care	Communication plans in place.