



## Interim evaluation of the FIT<10 pathway



<b>Report to the Wessex Cancer Alliance Board</b>				
<b>Title:</b>	<b>Interim evaluation of the FIT &lt;10 pathway</b>			
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<b>Date:</b>	<b>21<sup>st</sup> June, 2023</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b> Y
<b>Summary of paper:</b>	<p>The FIT&lt;10 pathway was introduced in all Wessex provider during January/February this year. The pathway provides the options of a secondary care pathway for primary care to refer into for patients with NG12 lower GI symptoms but with a FIT result of &lt;10. This is in response to national and local drivers with the desired outcome being to ensure that high risk patients are prioritised and seen as soon as possible.</p> <p>The FIT&lt;10 pathway has had mixed uptake in Wessex. However, the number of FIT results accompanying lower GI referrals are increasing and the volume of lower GI referrals has decreased. More work is currently underway to continue to increase the awareness of FIT and associated pathways.</p>			
<b>Implications: (Clinical, Organisational, Governance, Legal?)</b>	Clinical oversight by Site Specific Group and Clinical Reference Group.			
<b>Key risks and mitigations:</b>	Key clinical risks are monitored by the Site Specific Group. The Group met on 7 <sup>th</sup> June and content with the pathway but noted that more communication needed to be done with primary care.			
<b>Summary: Conclusion and/or recommendation</b>	The pathway has been embedded in all providers and is meeting the desired outcomes. However, more work is needed to increase the communications with primary care.			



# Optimising the use of FIT in the LGI suspected cancer pathway



## Key drivers

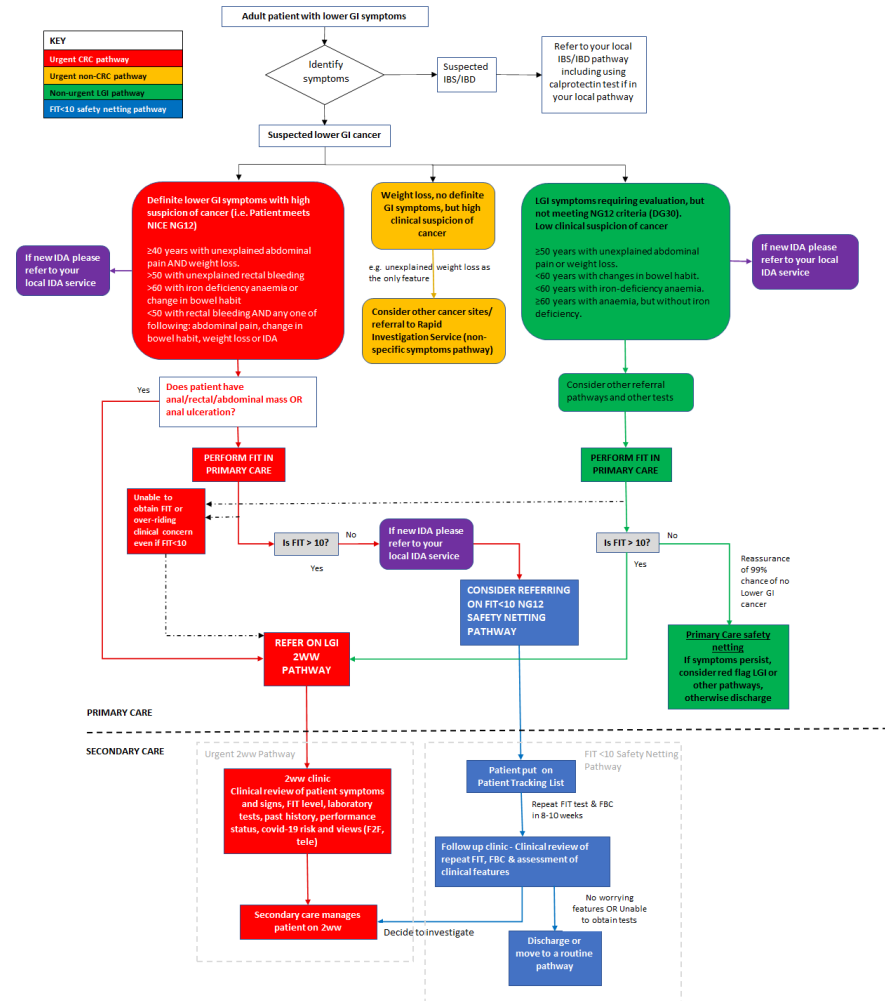
### Local

- High referral numbers and variation
- Reduce pressure on 2ww pathway
- Ensure high priority patients are seen more quickly
- Low numbers of referrals with a FIT result in time to inform clinical triage

### National

- BSG Guidance on FIT
- Letters from NHSE
- Cancer Alliance Deliverables
- GP Incentive Scheme
- Releasing capacity in endoscopy to enable expansion of the bowel screening programme

- New FIT Guidance, updated 2ww form and FIT<10 safety netting pathway
- Wessex FIT<10 Safety Netting Pathway launched in early 2023, available in all 6 Wessex Acute Trusts
- Provides the option of a secondary care pathway for primary care to refer into for patients with NG12 LGI symptoms but a FIT result <10.
- Interim measure until NG12 guidance updated





# Alliance support provided

## Primary Care

- Letter outlining the changes to the pathway distributed to WCA PCN cancer leads and via ICB comms
- New LGI 2ww form and FIT<10 referral form
- Information for patients added to CMW website
- Colorectal safety netting guidance for primary care
- Webinar introducing the LGI pathway changes
- WCA GP attendance at PCN meetings in each area to introduce the new pathway and answer questions
- WCA Primary Care Newsletter dedicated to FIT and LGI pathway changes
- Symptomatic FIT web page with links to all documents and supporting resources

## Secondary Care

- Funding to support the implementation of the pathway – see breakdown below.
- Invitation to attend weekly FIT<10 Pathway implementation group to discuss operationalising the pathway and to share learning.

<b>UHS</b>	£64,183 (+ 80k for pathology)	<b>PHU</b>	£59,109 (+ £tbc for pathology)
<b>HHFT</b>	£60,107	<b>DCH</b>	£49,418
<b>UHD</b>	£73,008	<b>IOW</b>	£44,172



# Implementation challenges and learning



## Process

- Labelling of clinics in eRS
- Old 2ww forms remaining in Ardens folders or saved to practice systems
- 23/24 HIOW LIS includes a requirement for PCNs to review their 2ww forms, and CtheSigns in Dorset will support improvement in this area.
- Engagement with admin teams in both primary and secondary care key as they submit and receive referrals

## Communication

- Local primary care clinical leads supportive but have expressed enthusiasm to be involved at an earlier stage in pathway developments going forward
- Variation in extent to which HIOW LDS teams want to be involved/lead implementation in their area.

## Pathology

- Restrictions on orders of FIT sampling devices still occasionally being reported – WCA are working with the labs and pathology network to support delivery going forward.



## What is the data showing?

- The following three slides show that:
  - The FIT<10 pathway is being used, but with variability. This variability could be because some practices are safety netting patients within primary care
  - Wessex wide colorectal 2WW referrals have dropped compared to previous months
  - More colorectal 2WW referrals are being accompanied by a FIT results (but below the national average). Whilst this has increased substantially, there is still more work to be done in working with primary care to raise the awareness of FIT and associated pathways.



# FIT<10 Pathway – Early data

## Jan – May 2023

FIT<10 Pathway Referrals							
	DCH	UHD	UHS	IOW	HHFT (RHCH only)	PHU	Total
Total FIT<10 Pathway	116	250	34	19	110	22	551
Direct GP referral	77			17			
Transferred from 2ww pathway following triage	38			2			
Upgraded to 2ww pathway				8	67		

FIT<10 Pathway outcome		
	DCH	UHD
Cancer Diagnosed	0	0
Upgraded	8	20
Reassured and discharged	32	166
Routine Colonoscopy or other investigation requested	17	40
Moved to routine pathway		
Outcome yet to be confirmed	51	24



# Wessex Colorectal 2WW Referrals

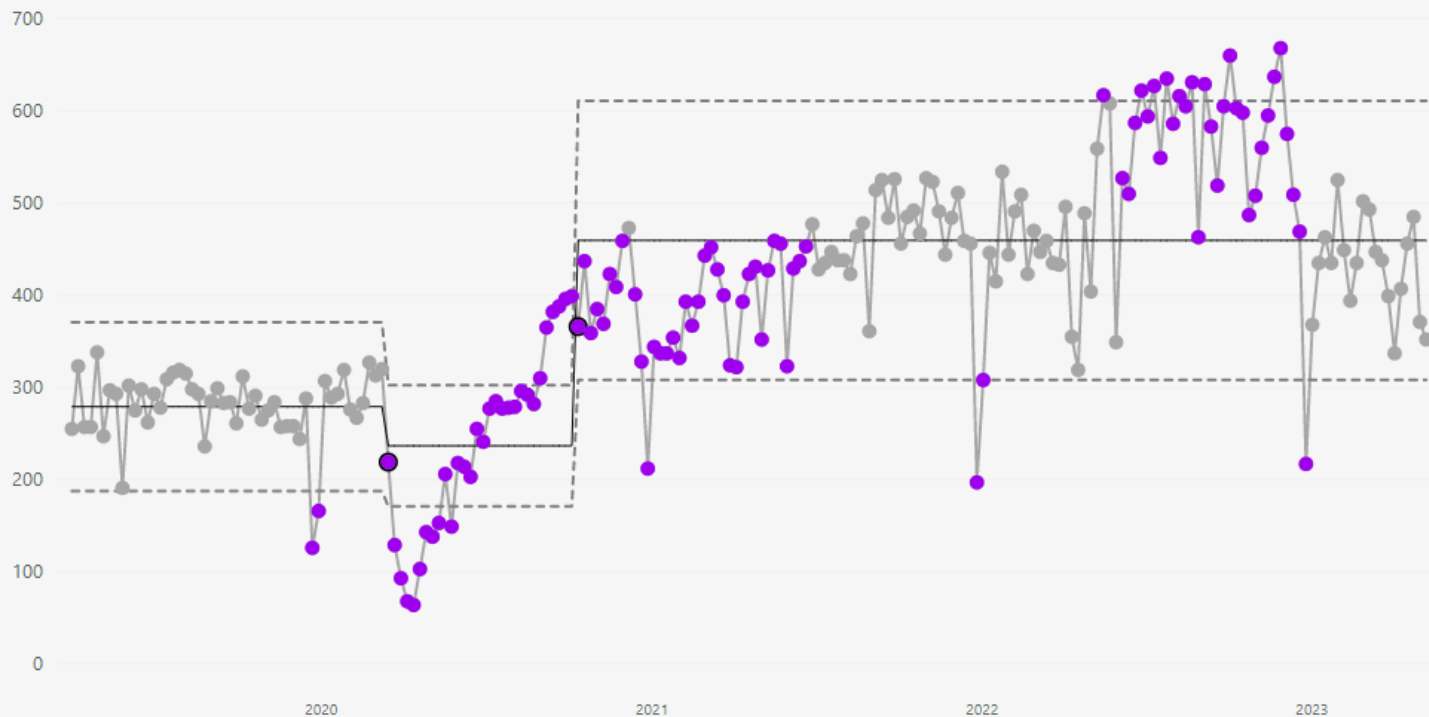


## Single SPC

Please ensure your required options are selected in **both** Steps 2 and 3 to ensure a graph displays.



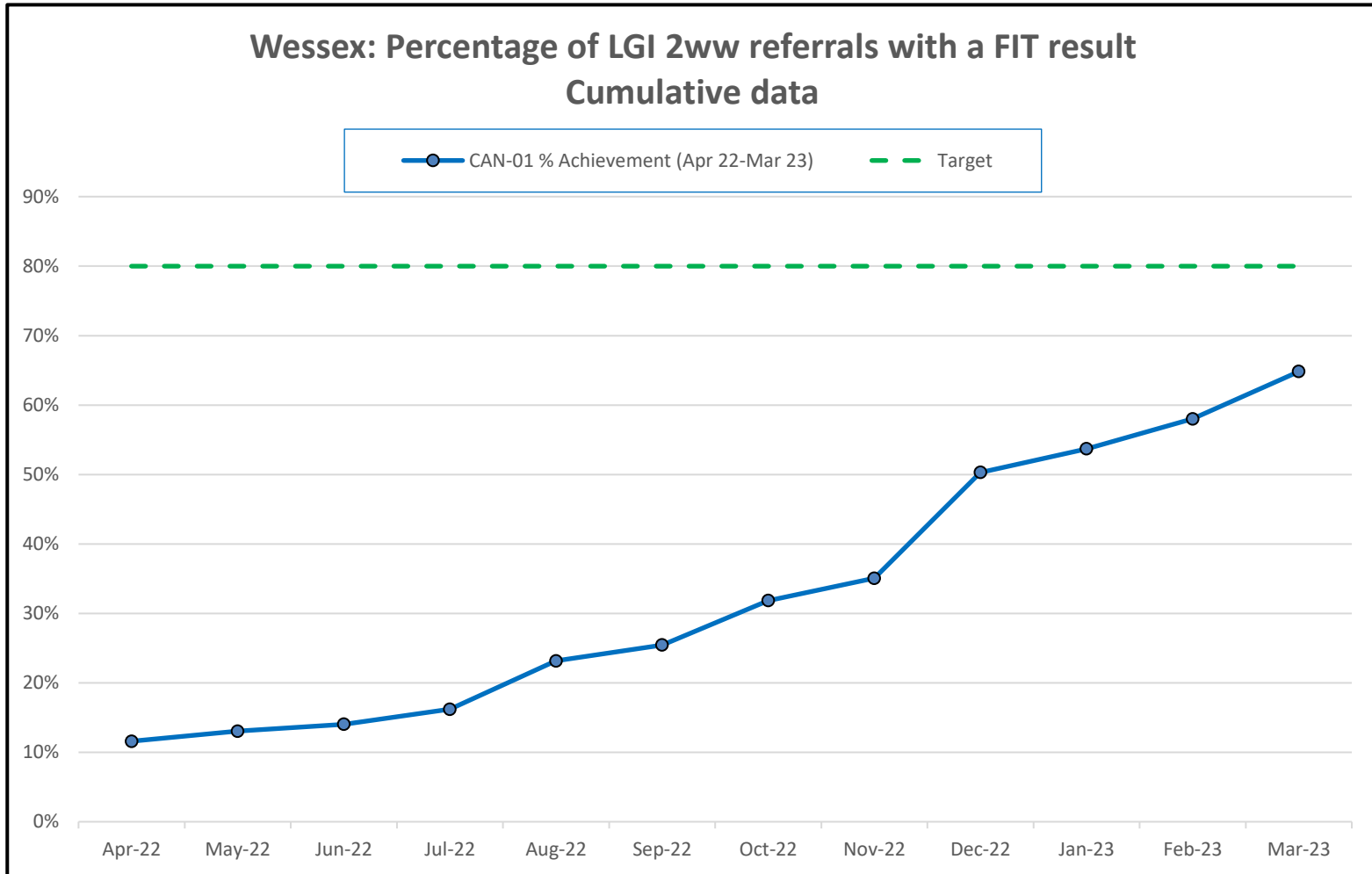
Number of 2WW Referrals per week: Colorectal (Wessex), Suspected Cancer Site, Wessex



23% reduction  
Jan – May 2023  
compared to the  
previous 5  
months.



# IIF FIT Indicator 22/23 – Wessex Achievement



**Wessex 64%**  
**(England average 68%)**

Around 1/3 Wessex PCNs achievement of this indicator were impacted by coding problems in the first half of the year.



# Conclusion and next steps

- FIT>10 pathway has been successfully introduced. This is still further work to be undertaken to raise the awareness of FIT and associated pathway. The following work will be undertaken:

## **Reporting**

Work with Trust analysts ensure completeness of data is maximised.

## **Audits of Lower GI 2WW referrals and FIT<10 referrals**

WCA GP time offered to Trusts to review the quality of referrals and identify which PCN/practices are not complying with the new pathway guidance.

## **Ongoing PCN support and education**

The data provided above will enable WCA, working with local teams, to direct communications, support and education for PCNs and practices where it is most needed. Information packs will be developed for primary care admin to support completeness of referrals.