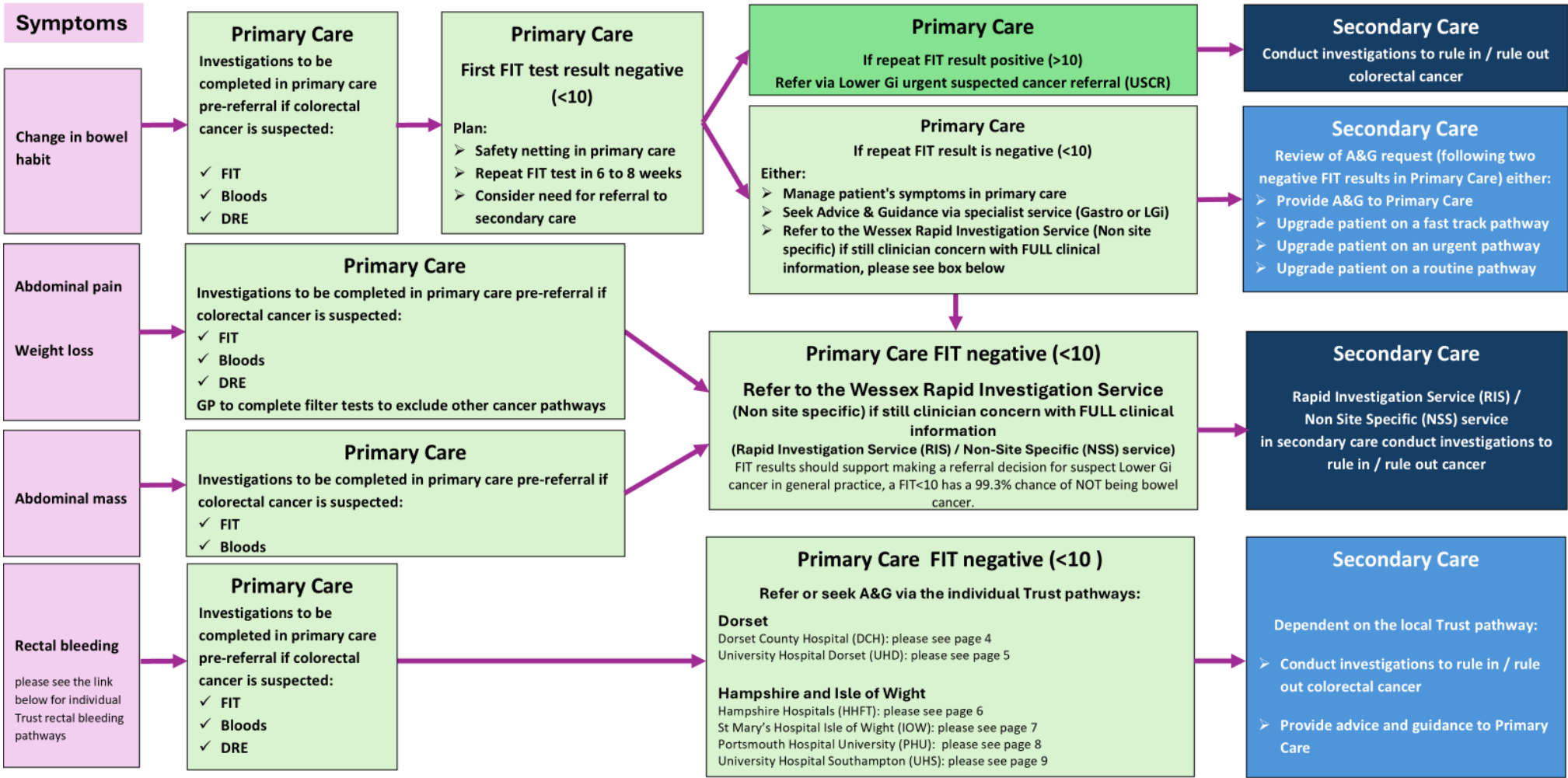


FIT negative (<10) patient pathways with ongoing symptoms suggestive of colorectal cancer

Breakdown of Trust's individual FIT<10 negative pathways; for patients where there is a strong clinical concern of colorectal cancer

Dorset County Hospital : page 4 University Hospital Dorset: page 5 Hampshire Hospitals: page 6 St Mary's Isle of Wight: page 7 Portsmouth University Hospital: page 8 University Hospital Southampton: page 9



Link to the **rectal bleeding** pathway document (pathway flowchart for each individual Trust across Wessex):

[Wessex-rectal-bleeding-with-FIT-result.-V1.-February-2026.pdf](https://www.wessexcanceralliance.nhs.uk/rectal-bleeding-with-FIT-result.-V1.-February-2026.pdf)

How does FIT support choosing the best pathway for my patient?

A **negative FIT (<10 µg Hb/g)**, in the absence of red flag symptoms (e.g., IDA, palpable mass), gives a patient a **≥99% likelihood of not having colorectal cancer**. This supports its use as a **triage or rule-out tool** in primary care.

Offering a second FIT test if ongoing clinical concerns further reduces the risk of missing a colorectal cancer. Results from a recent published study show patients with **two negative FIT test results have a colorectal cancer risk of <0.04%** which is lower than the general population (Link: [A cohort study of duplicate faecal immunochemical testing in patients at risk of colorectal cancer from North-West England | BMJ Open](#))

Data collected locally has shown that 1 in 3 cancers diagnosed in the FIT negative group will be a different type of cancer. This strongly supports using the FIT result to help decide the most appropriate pathway for your patient.

If you are still concerned about the risk of cancer in a patient with a FIT<10 result, please consider one of the following:

➤ Safety netting

- Review the patient's symptoms at 6-8 weeks' time, repeat FIT and blood test and consider the need for referral.

➤ Seek advice and guidance

- From a specialist in Gastro, Lower Gi or similar service.

➤ Referral to the Wessex Rapid Investigation Service (RIS) / Non Site Specific (NSS)

- Provided patient meets criteria and with FULL clinical information included.
- Local data suggests 1 in 3 cancers diagnosed in FIT negative patients will be another type of cancer (not colorectal) the RIS / NSS service will be able to ensure the patient receives the appropriate investigation(s) dependent on symptoms.

Why use FIT <10 confidently?

Both **NICE NG12** and **NICE DG56** support the use of FIT to triage patients with lower GI symptoms who do **not meet straight-to-scope red flag criteria**, helping us ensure the **right patients are investigated, at the right time**.

- A **FIT result <10 µg Hb/g** carries a **negative predictive value (NPV) of >99% for colorectal cancer**
 - This means the vast majority of these patients **do not have colorectal cancer**
 - Backed by national evidence (DG56, 2023) and UK cohort studies (e.g. Bailey et al., 2022)
- **NICE NG12** recommends using FIT to guide referral for suspected colorectal cancer in adults, including those with symptoms of:
 - Change in bowel habit
 - Abdominal pain
 - Unexplained weight loss
 - Iron deficiency anaemia (in those >50)

Using FIT at this threshold allows us to **defer unnecessary urgent suspected cancer referrals**, reducing patient anxiety, avoiding over-investigation, and most importantly—**freeing up endoscopy slots** for those at highest risk.

What if your patient still concerns you?

Clinical judgment remains key. A FIT <10 does **not mean 'no action'**, but rather **'low risk – manage wisely'**.

If you're still worried:

- **Safety net:** Reassess symptoms in 6–8 weeks, repeat FIT and bloods.
- **Advice & guidance:** Liaise with gastro or colorectal specialists.
- **Consider NSS / Rapid Investigation Service (RIS):**
 - Local data shows **1 in 3 cancers diagnosed in FIT-negative patients were not colorectal**.
 - RIS/NSS pathways are designed to pick up those other diagnoses, based on broader symptom profiles.

Key takeaways for Primary Care Teams

Point	Rationale
FIT <10 = low risk	Negative predictive value (NPV) >99%; very low chance of colorectal cancer.
NICE-backed	Endorsed in NG12 and DG56 as triage tool.
Capacity-sensitive	FIT@80 means we must preserve diagnostics for those who need them. FIT@80 is referring to the reduction of the bowel screening threshold to 80 µg Hb/g, allowing earlier detection of possible bowel cancer and identifying more people who may benefit from further investigation.
Safety net remains essential	Repeat testing, A&G, and RIS / NSS referrals are all valid steps.
You're not alone	Specialist support and pathways are there to help manage the grey zones.

Local Wessex data analysis (data provided by DiiS):

Focus	Outcome
FIT<10 colorectal urgent suspected cancer referrals (USCR) received in secondary care	Wessex on average receive 193 urgent suspected cancer referrals per month for FIT<10 patients. (Data based on nationally reported FIT metric 1 August 2024 to 31 st January 2025).
Conversion rates for: Colorectal urgent suspected cancer referrals (USCR) diagnosed with colorectal cancer	FIT<10 patients = 0.6% were diagnosed with colorectal cancer 1 in 166 patients referred (approximately). FIT 10-100 patients = 3.3% were diagnosed with colorectal cancer 1 in 30 patients referred (approximately). FIT100> patients = 12.2% were diagnosed with colorectal cancer 1 in 8 patients referred (approximately). (Data based on April 2022 to March 2025 USCR LGI referrals for Dorset County Hospital (DCH), Hampshire Hospitals (HHFT), Portsmouth Hospital University (PHU) and University Hospital Dorset (UHD)).
Conversion rates for: Patients with a negative (<10) FIT test result in primary care	54,614 patients were recorded with a negative FIT (<10) test result in primary care during the 2022/2023 financial year. Reviewing the data available to DiiS from 1 st April 2022 to 10 th June 2025: 107 patients from the 54,614 cohort have since been diagnosed with cancer, 0.2% of the negative FITS 1 in 510 patients ○ 76 out of 107 patients have been diagnosed with colorectal cancer, 0.14% 1 in 718 patients 2 in 3 of the cancers diagnosed in this cohort were colorectal cancer. ○ 31 out of 107 patients have been diagnosed with a different type of cancer, 0.06% 1 in 1,761 patients 1 in 3 of the cancers diagnosed in this cohort was another type of cancer. (Data analysis provided by DiiS; reviewing 2022/2023 financial year for Dorset County Hospital (DCH), Hampshire Hospitals (HHFT), Portsmouth Hospital University (PHU) and University Hospital Dorset (UHD)).

Dorset County Hospital (DCH)

Service	Patient cohort	Refer via	Waiting times	Reviewed by	
Change in bowel habit referral pathways for patients with TWO negative FIT<10 results - Dorset County Hospital (DCH)					
Colorectal pathways					
Colorectal telephone assessment clinic (TAC)	This is for patients with colorectal symptoms or family history of colorectal cancer. This is for routine and urgent referrals including those with FIT<10ugHb/g and has a waiting time of <6weeks.	ERS	Colo Rectal Telephone Assessment -South Walks House - DCH - NHS FT- RBD	Triaged: daily where FDN reviews whether the patient is on the correct pathway. Direct bookable appointment by patient (patient chooses their own appointment).	Faster Diagnosis Nursing Team
				Routine Tel OPA: 4 weeks Tel OPA (6 weeks for follow on investigation).	
				Urgent Tel OPA: 2 weeks for Tel OPA (2 weeks for follow on investigation).	
Colorectal Advice & Guidance	If GP is seeking further advice or guidance on appropriate referral pathways.	ERS	Colorectal Advice and Guidance - Dorset County Hospital NHS FT - RBD	Average A&G (turnaround time YTD) = 0.7 days. If OPA required and referrer has enabled permissions the A&G will be converted to a referral and processed as such into the most clinically appropriate service/clinic.	Faster Diagnosis Nursing Team
Gastroenterology pathways					
Gastro A&G	If GP is seeking further advice or guidance on appropriate referral pathways.	ERS	Gastroenterology Advice & Guidance -Dorset County Hospital NHS FT-RBD	Triaged: 2-3 days. Average A&G turnaround time YTD = 3 days. If OPA required and referrer has enabled permissions the A&G will be converted to a referral and processed as such into the most clinically appropriate service/clinic.	Gastro consultants
Urgent and routine Gastro	This is for patients with gastroenterology symptoms.	ERS	Gastroenterology Non Surgical (RAS) -Dorset County Hospital NHS FT- RBD	Triaged: Referrals should be graded within 5 working days as per patient access policy.	Gastro consultants
				Routine OPA: 35 weeks.	
				Routine STT investigation: aim is 6 weeks.	
				Urgent OPA: 15 weeks. Urgent STT investigation: aim is 2 weeks.	
Rectal bleeding with FIT<10 pathways - Dorset County Hospital (DCH)					
GP direct bookable flexible sigmoidoscopy	This is for patients aged 18 to 40 years old. Single GP direct access flexi sig and for treatment of haemorrhoids service based in Endoscopy.	ICE	Endoscopy referrals – Flexible Sigmoidoscopy	Triaged by Endoscopy.	Clinical Endoscopists
				Frequency: daily.	
				STT Flexi Urgent: Aim 2 weeks.	
				STT Flexi Routine: Aim 6 weeks.	
Colorectal telephone assessment clinic (TAC)	Patients 40 years > with rectal bleeding and negative FIT.	ERS	Colo Rectal Telephone Assessment -South Walks House - DCH - NHS FT- RBD	Triaged: daily where FDN reviews whether the patient is on the correct pathway. Direct bookable appointment by patient (patient chooses their own appointment).	Faster Diagnosis Nursing Team
				Routine Tel OPA: 4 weeks Tel OPA (6 weeks for follow on investigation)	
				Urgent Tel OPA: 2 weeks for Tel OPA (2 weeks for follow on investigation)	

University Hospital Dorset (UHD)

Service	Patient cohort	Refer via	Waiting times	Reviewed by	
Change in bowel habit referral pathways for patients with TWO negative FIT<10 results - University Hospital Dorset (UHD)					
Colorectal pathways					
Colorectal Advice & Guidance Royal Bournemouth Hospital	If GP is seeking further advice or guidance on appropriate referral pathways. Consultants will choose appropriate pathway following triage of referral.	ERS	Colorectal Advice & Guidance - Royal Bournemouth Hospital - ROD	Triage: A&G is pulled off by secretaries and tasked to the relevant speciality consultant or consultant of the week. A&G can currently take up to 60 days for triaging by consultants (regular meetings established to resolve the wait times – Oct 25).	Colorectal consultants
				Urgent F2F OPA: 27 weeks.	
				Urgent STT investigation: 6 weeks	
				Routine F2F OPA: 38 weeks.	
Colorectal surgery Poole hospital Also used for Advice & Guidance	Advice & Guidance, urgent and routine referrals for Poole. If GP is seeking further advice or guidance on appropriate referral pathways. Consultants will choose appropriate pathway following triage of referral.	ERS	Colorectal surgery - Poole Hospital NHS FT - ROD	Triage: within 7 days	Colorectal consultants
				Urgent F2F OPA: 27 weeks.	
				Urgent STT investigation: 6 weeks	
				Routine F2F OPA: 38 weeks.	
Gastroenterology Advice & Guidance Poole	This is for patients with gastroenterology symptoms	ERS	Gastroenterology Service - Poole Hospital NHS FT - ROD	Triage: Daily	Gastro Consultant
				Fast track STT investigation: within 2 weeks.	
				Fast track OPA: within 2 weeks.	
				Urgent STT investigation: within 4 weeks.	
Gastroenterology Advice & Guidance Bournemouth / Christchurch		ERS	Gastroenterology (General) - Royal Bournemouth Hospital - ROD Gastroenterology (General) - Christchurch Hospital - ROD	Urgent OPA: within 8 weeks.	Gastro Consultant
				Routine STT investigation: within 6 weeks.	
				Routine OPA: Within 33 weeks.	
				Referral declined for OPA, advice given to GP & patient: Daily.	
Rectal bleeding with FIT<10 pathway – University Hospital Dorset (UHD)					
GP direct access Flexible Sigmoidoscopy Poole Hospital	Rectal bleeding. GP direct access for flexible sigmoidoscopy.	ERS	Rectal bleeding service – Endoscopy Suite – Poole Hospital NHS FT – ROD	Triage: within 7 days.	Colorectal consultant
				STT fast track: 2 weeks.	
				STT urgent: 4 weeks	
				STT routine: 6 weeks.	
Advice & Guidance, urgent and routine referrals Poole Hospital	Advice & Guidance, urgent and routine referrals. Consultants will choose appropriate pathway following triage of referral.	ERS	Colorectal surgery - Poole Hospital NHS FT - ROD	Triage: within 7 days.	Colorectal consultants
				Urgent F2F OPA: 27 weeks.	
				Urgent STT investigation: 6 weeks (aim is 4 weeks).	
				Routine F2F OPA: 38 weeks.	
Rectal Bleeding Clinic Endoscopy Unit Royal Bournemouth Hospital	Age 18 to 45 with rectal bleeding.	ERS	Rectal Bleeding Clinic - Endoscopy Unit - Royal Bournemouth Hospital - ROD	Triage: within 7 days.	Colorectal consultants
				STT fast track: 2 weeks.	
				STT urgent: 4 weeks.	
				STT routine: 6 weeks.	
Colorectal Advice & Guidance Royal Bournemouth Hospital	If GP is seeking further advice or guidance on appropriate referral pathways. Consultants will choose appropriate pathway following triage of referral.	ERS	Colorectal Advice & Guidance - Royal Bournemouth Hospital - ROD	Triage: A&G is pulled off by secretaries and tasked to the relevant speciality consultant or consultant of the week. A&G can currently take up to 60 days for triaging by consultants (regular meetings established to resolve the wait times – Oct 25).	Colorectal consultants
				Urgent F2F OPA: 27 weeks.	
				Urgent STT investigation: 6 weeks (aim is 4 weeks).	
				Routine F2F OPA: 38 weeks.	
Routine STT investigation: 6 weeks.					



FIT negative (<10) patient pathways with ongoing symptoms suggestive of colorectal cancer



Hampshire Hospitals Foundation Trust (HHFT)

Service	Patient cohort	Refer via	Waiting times	Reviewed by	
Change in bowel habit referral pathways for patients with TWO negative FIT<10 results - Hampshire Hospitals Foundation Trust (HHFT)					
Colorectal pathways					
Colorectal A&G, urgent and routine referrals Basingstoke	Bowel symptoms. For advice and guidance, urgent and routine referrals.	ERS	'Colorectal Surgery-General Triage Service - Basingstoke'	Triaged: Daily.	Colorectal Consultant
				Routine OPA: 6-7 months at BNHH.	
				Routine STT investigation: 21 weeks.	
				Urgent OPA: 3 months.	
Colorectal A&G, urgent and routine referrals Winchester	Bowel symptoms. For advice and guidance, urgent and routine referrals.	ERS	'Colorectal Triage Service - Winchester'	Triaged: Daily.	Colorectal Consultant
				Routine OPA: 12 months at RHCH.	
				Routine STT investigation: 21 weeks.	
				Urgent OPA: 3 months.	
Colorectal A&G, urgent and routine referrals Andover	Bowel symptoms. For advice and guidance, urgent and routine referrals.	ERS	'Colorectal Triage Service - Andover'	Triaged: Daily.	Colorectal Consultant
				Routine OPA: 12 months.	
				Routine STT investigation: 21 weeks.	
				Urgent OPA: 3 months.	
Gastroenterology A&G, urgent and routine referrals Basingstoke	Gastroenterology symptoms. Gi and Liver (Medicine and Surgery).	ERS	'Gastroenterology - Advice & Guidance - Adult Service - Basingstoke - HHFT RNS'	Triaged: Daily.	Gastro Consultant
				Routine OPA: 11 months.	
				Routine STT investigation: 11 months.	
				Urgent OPA: 6 weeks.	
Gastroenterology A&G, urgent and routine referrals Winchester & Andover	Gastroenterology symptoms. Gi and Liver (Medicine and Surgery).	ERS	'Gastroenterology - Advice & Guidance - Adult Service - Winchester & Andover - HHFT RNS'	Triaged: Daily.	Gastro Consultant
				Routine OPA: 11 months.	
				Routine STT investigation: 11 months.	
				Urgent OPA: 6 weeks.	
Gastroenterology A&G, urgent and routine referrals Alton	Gastroenterology symptoms. Gi and Liver (Medicine and Surgery).	ERS	'Gastroenterology - Advice & Guidance - Adult Service - Alton - HHFT RNS'	Triaged: Daily.	Gastro Consultant
				Routine OPA: 11 months.	
				Routine STT investigation: 11 months.	
				Urgent OPA: 6 weeks.	
Rectal bleeding with FIT<10 pathway - Hampshire Hospitals Foundation Trust (HHFT)					
Colorectal A&G, urgent and routine referrals Basingstoke	Bowel symptoms. For advice and guidance, urgent and routine referrals.	ERS	'Colorectal Surgery-General Triage Service - Basingstoke'	Triaged: Daily.	Colorectal Consultant
				Routine OPA: 6-7 months at BNHH.	
				Routine STT investigation: 21 weeks.	
				Urgent OPA: 3 months.	
Colorectal A&G, urgent and routine referrals Winchester	Bowel symptoms. For advice and guidance, urgent and routine referrals.	ERS	'Colorectal Triage Service - Winchester'	Triaged: Daily.	Colorectal Consultant
				Routine OPA: 12 months at RHCH.	
				Routine STT investigation: 21 weeks.	
				Urgent OPA: 3 months.	
Colorectal A&G, urgent and routine referrals Andover	Bowel symptoms. For advice and guidance, urgent and routine referrals.	ERS	'Colorectal Triage Service - Andover'	Triaged: Daily.	Colorectal Consultant
				Routine OPA: 12 months.	
				Routine STT investigation: 21 weeks.	
				Urgent OPA: 3 months.	

St Mary's Isle of Wight (IOW)

Service	Patient cohort	Refer via	Waiting times	Reviewed by	
Change in bowel habit referral pathways for patients with TWO negative FIT<10 results – St Mary's Isle of Wight (IOW)					
Colorectal pathways					
Colorectal Advice & Guidance, urgent and routine referrals	Advice & Guidance. Urgent and routine referrals go through Advice & Guidance.	ERS	Surgery (Colorectal) A&G - IW NHS Trust (St Mary's) - R1F	Triaged: Daily.	Medefer
				Fast track: 2 weeks.	
				Urgent OPA: 6 weeks.	
				Routine OPA: 12 weeks.	
Prison referrals colorectal surgery Triage	Prison referrals.	ERS	Prison Referrals - Surgical (Colorectal) - IW NHS (St Mary's) - R1F	Triaged: Within 7 days.	Inhouse colorectal surgeon
				Fast track: 2 weeks.	
				Urgent OPA: 6 weeks.	
				Routine OPA: 12 weeks.	
Gastroenterology pathways					
Gastroenterology, Hepatology & Hepatobiliary Advice & Guidance, urgent and routine referrals	This is for patients with gastroenterology symptoms. Gi and Liver (Medicine and Surgery).	ERS	Gastroenterology, Hepatology & Hepatobiliary A&G - IOW NHS (St Mary's) R1F	Triaged: 7 to 14 days.	Medefer
				Urgent OPA: 28 weeks.	
				Routine OPA: 36 weeks.	
Prison referrals Gastroenterology, Hepatology & Hepatobiliary Advice & Guidance, urgent and routine referrals	Prison referrals. This is for patients with gastroenterology symptoms. Gi and Liver (Medicine and Surgery).	ERS	Prison Referrals - Gastroenterology, Hepatology & Hepatobiliary A&G - IOW NHS (St Mary's) R1F	Triaged: 7 to 14 days.	Consultant / specialist
				Urgent OPA: 28 weeks.	
				Routine OPA: 36 weeks.	
Rectal bleeding with FIT<10 pathways – St Mary's Isle of Wight (IOW)					
Urgent and routine Flexible Sigmoidoscopy	PR bleeding, non cancer. Flexible Sigmoidoscopy urgent and routine	ERS	Upper GI and Lower GI Endoscopy – IW NHS Trust (St Mary's)	Triaged: Daily.	Nurse Endoscopist
				Urgent STT Flexi: 2 weeks.	
				Routine STT Flexi: 6 weeks.	
Colorectal Advice & Guidance, urgent and routine referrals	Advice & Guidance. Urgent and routine referrals go through Advice & Guidance.	ERS	Surgery (Colorectal) A&G - IW NHS Trust (St Mary's) - R1F	Triaged: Daily.	Medefer
				Fast track: 2 weeks.	
				Urgent OPA: 6 weeks.	
				Routine OPA: 12 weeks.	
Prison referrals colorectal surgery Triage	Prison referrals.	ERS	Prison Referrals - Surgical (Colorectal) - IW NHS (St Mary's) - R1F	Triaged: Within 7 days.	Inhouse colorectal surgeon
				Fast track: 2 weeks.	
				Urgent OPA: 6 weeks.	
				Routine OPA: 12 weeks.	

Portsmouth Hospitals University (PHU)

Service	Patient cohort	Refer via	Waiting times	Reviewed by	
Change in bowel habit referral pathways for patients with TWO negative FIT<10 results - Portsmouth Hospitals University (PHU)					
Colorectal pathways					
Colorectal A&G, urgent and routine referrals	Bowel symptoms.	ERS	'Colorectal Advice and Guidance Service-PHUT-RHU'	Triaged: Daily.	Consultant
				Urgent OPA: 30 weeks.	
				Urgent STT investigation: 30+ weeks depending on what test is required.	
				Routine OPA: 65 weeks.	
Routine STT investigation: dependent on what test is required.					
Practice Plus Group Surgical Centre St Mary's Portsmouth	Patients with colorectal symptoms will be seen in a clinic and assessed with a colorectal consultant surgeon prior to investigation.	ERS	'Adult colorectal clinic - Practice Plus Group Surgical Centre - ST Marys Portsmouth	Triaged: Daily.	Admin triage referrals to OPA
				OPA: within 2 weeks.	
Gastroenterology pathways					
Gastro A&G Single point of access / referral	Gastroenterology symptoms.	ERS	Medical Gastroenterology Advice and Guidance – PHU – QAH – RHU	Triaged: Daily.	Gastro consultant
				Urgent OPA: 58 weeks.	
				Urgent STT investigation: <i>Unable to differentiate between urgencies to determine average wait times. Below is the current longest waiting patient undated:</i> Colonoscopy: 84 weeks. OGD: 47 weeks Flexi: 87 weeks. (Information provided on 06.11.25)	
				Routine OPA: 58 weeks.	
Routine STT investigation: <i>Unable to differentiate between urgencies to determine average wait times. Below is the current longest waiting patient undated:</i> Colonoscopy: 85 weeks. OGD: 88 weeks. Flexi: 90 weeks. (Information provided on 06.11.25)					
Rectal bleeding with FIT<10 pathway - Portsmouth Hospitals University (PHU)					
GP direct bookable flexible sigmoidoscopy	Rectal bleeding, piles, LIF pain, mild change in bowel habit.	ERS	Gastroscopy and Sigmoidoscopy Assessment Call - Practice Plus Portsmouth Surgical Centre - NTPAD	Triaged: Daily.	Clinical Nurse Endoscopist
Practice Plus Group (PPG)				STT Flexi: within 2-4 weeks.	

University Hospital Southampton (UHS)

Service	Patient cohort	Refer via	Waiting times	Reviewed by	
Change in bowel habit referral pathways for patients with TWO negative FIT<10 results - University Hospital Southampton (UHS)					
Colorectal pathways					
Colorectal A&G	<p>Bowel symptoms.</p> <p>For advice and guidance.</p> <p>Rectal bleeding, Colonic Polyps, Rectal Cancer, Diverticular Disease, Crohns Disease, Anal Cancer, Fistulae in Ano, Pruritis Ani, Anal Stricture, Small Bowel Tumours, Intestinal Fistulae, Colonic Angio dysplasia, Colon Cancer, Irritable Bowel Syndrome, Ulcerative Colitis, Stomas, Anal Fissure, Pilonidal Sinus, Proctitis, Haemorrhoids, Anorectal Abscesses, Sigmoid Volvulus, Radiation Enteritis.</p>	ERS	Surgery - Colorectal - (Advice & Guidance) - Southampton - UHSFT – RHM	Triaged: Daily. Internal turnaround times for A&G is 5 working days.	Colorectal Consultant
				Routine OPA: 27 weeks.	
				Routine STT investigation: Too many investigation options to get the granularity of detail.	
				Urgent OPA: 4 weeks.	
				Urgent STT investigation: Too many investigation options to get the granularity of detail.	
Gastro pathways					
Gasto A&G	<p>Gastroenterology symptoms.</p> <p>For advice and guidance.</p>	ERS	Gastroenterology-General-Southampton-UHSFT-RHM-Triage	Triaged: Daily. Internal turnaround times for A&G is 5 working days.	Gastro Consultant
				Routine OPA: 27 weeks.	
				Routine STT investigation: Triage to endoscopy is 4 to 5 weeks.	
				Urgent OPA: 4 weeks.	
				Urgent STT investigation: Triage to endoscopy is 3 weeks.	
Rectal bleeding with FIT<10 pathway - University Hospital Southampton (UHS)					
Colorectal A&G	<p>Bowel symptoms.</p> <p>For advice and guidance.</p> <p>Rectal bleeding, Colonic Polyps, Rectal Cancer, Diverticular Disease, Crohns Disease, Anal Cancer, Fistulae in Ano, Pruritis Ani, Anal Stricture, Small Bowel Tumours, Intestinal Fistulae, Colonic Angio dysplasia, Colon Cancer, Irritable Bowel Syndrome, Ulcerative Colitis, Stomas, Anal Fissure, Pilonidal Sinus, Proctitis, Haemorrhoids, Anorectal Abscesses, Sigmoid Volvulus, Radiation Enteritis.</p>	ERS	Surgery - Colorectal - (Advice & Guidance) - Southampton - UHSFT – RHM	Triaged: Daily. Internal turnaround times for A&G is 5 working days.	Colorectal Consultant
				Routine OPA: 27 weeks.	
				Routine STT investigation: Too many investigation options to get the granularity of detail.	
				Urgent OPA: 4 weeks.	
				Urgent STT investigation: Too many investigation options to get the granularity of detail.	

Nationally published information and data on negative predictive value (NPV) of FIT at <10 µg Hb/g in symptomatic patients

Study / Source	Paper Title	Threshold	Setting / Population	Cancer Miss Rate / False Negatives	NPV	Key Notes	Link
BJGP (2023)	<i>Guidance on faecal immunochemical testing (FIT) to help diagnose colorectal cancer among symptomatic patients in primary care</i>	<10 µg Hb/g	Symptomatic primary care	7 per 10,000 (0.07%)	>99%	Real-world GP cohort; supports triage use	Guidance on faecal immunochemical testing (FIT) to help diagnose colorectal cancer among symptomatic patients in primary care British Journal of General Practice
NICE FIT Study (Cited in BJGP)	<i>Faecal immunochemical testing in symptomatic patients: prospective diagnostic accuracy study</i>	<10 µg Hb/g	~10,000 symptomatic referrals (colonoscopy)	0.4% with negative FIT had CRC	99.60%	Double-blinded prospective study	Guidance on faecal immunochemical testing (FIT) to help diagnose colorectal cancer among symptomatic patients in primary care British Journal of General Practice (see ref 5)
NHS England Clinical Guide (2020)	<i>Clinical guide for triaging patients with lower gastrointestinal symptoms during COVID-19</i>	<10 µg Hb/g	Symptomatic primary care, no red flags	Not specified	>95%	For patients without anaemia, mass, rectal bleeding	Clinical guide for triaging patients with lower gastrointestinal symptoms
Chapman et al., BJS Open (2019)	<i>Use of faecal immunochemical tests for colorectal cancer diagnosis in symptomatic patients</i>	≥10 µg Hb/g	2WW symptomatic patients	Not specified	99.1% (CI 98.0–99.7%)	Excluded high-risk red flags	Service evaluation of faecal immunochemical testing and anaemia for risk stratification in the 2-week-wait pathway for colorectal cancer - Chapman - 2019 - BJS Open - Wiley Online Library
Bailey et al., BMJ (2021)	<i>Diagnostic accuracy of faecal immunochemical test for patients with symptoms of colorectal cancer: multicentre, prospective cohort study</i>	≥10 µg Hb/g	9,822 urgent referrals	0.40%	99.6% (95% CI: 99.5–99.7%)	High-quality, multi-centre study	Faecal immunochemical test is superior to symptoms in predicting pathology in patients with suspected colorectal cancer symptoms referred on a 2WW pathway: a diagnostic accuracy study - PubMed
Mowat et al., Oxfordshire (2020)	<i>Faecal immunochemical testing (FIT) in low-risk symptomatic patients: real-world outcomes in primary care</i>	≥10 µg Hb/g	3,506 GP patients (non-referred)	~0.1%	99.9% (95% CI: 99.6–99.95%)	Safe triage in primary care setting	Fecal Immunochemical Testing in Patients With Low-Risk Symptoms of Colorectal Cancer: A Diagnostic Accuracy Study - PubMed
Nicholson et al., SW England (2020)	<i>Faecal immunochemical testing for adults with symptoms of colorectal cancer attending English primary care: a retrospective cohort study</i>	≥10 µg Hb/g	9,896 symptomatic GP patients	~1 in 1,000 (~0.1%)	~99.9%	Emphasised safety-netting for rare false negatives	Diagnostic accuracy of Faecal Immunochemical Testing for patients with symptoms of colorectal cancer: a retrospective cohort study of 14,487 consecutive test requests from English primary care medRxiv
Royal College of Surgeons (2022)	<i>Faecal immunochemical testing for suspected colorectal cancer: review of diagnostic performance in UK practice</i>	<10 µg Hb/g	Mixed symptomatic populations across UK	Varied	>99.5%	Narrative review of national data	The state of the faecal immunochemical test in symptomatic patients in the UK The Annals of The Royal College of Surgeons of England