NHS
Northern
Cancer Alliance

22.10.20
To: CCG cancer leads and medical directors, endoscopy and colorectal leads.

From:	Dr Katie Elliott	Primary Care Clinical Director NCA
	Mr Peter Coyne	Clinical lead NCA Colorectal Pathway Board
	Prof Matt Rutter	Chair of the NCA Clinical endoscopy Group

Re: Implementation of FIT (faecal immunochemical test) 2WW pathways for suspected colorectal cancer

Dear colleagues,

The FIT (faecal immunochemical test) is now recommended as the route to identify and prioritise people at greatest need of investigation of the colon.

The results of FIT tests are already being used to identify clinical urgency and triage investigations in line with guidance from the national cancer team issued on 16th June 2020. In August there was an additional letter from Peter Johnson (National Clinical director for Cancer) and Robert Logan (National Clinical Advisor for Endoscopy), to the cancer alliances. This set out additional information for local systems implementing the guidance to prioritise those most in need of urgent investigation and reduce the number of people held on Patient Tracking Lists (PTL) for over 62 days.

The letter outlined two different ways in which this triage has already been implemented in England. Option 1, triage by specialist team in secondary care and option 2, triage by GPs in primary care.

Recommendations
Option 1 is how FIT has been used so far across the Northern Cancer Alliance (NCA) in suspected cancer referrals since the onset of Covid. The recommendation of the (NCA) Colorectal Pathway Board, Clinical Endoscopy Group and Cancer in the Community Group is that the we move to option 2 across the NCA with triage by GPs in primary care. This change has also taken into account public opinion from a group of NCA lay representatives. FIT is used in this way in other areas in England and has been standard practice in Scotland.

The proposal to use FIT in this way for the North East and North Cumbria and the resources have been endorsed by the NHSEI CNE Interim Medical Director Dr Jonathan Slade and NEY Acting Regional Medical Director Dr David Black.

Following this recommendation, the groups mentioned above have developed the following resources to support GPs:

- New 2WW suspected colorectal cancer referral form
- FAQ paper including references for the use of FIT
- Education film for GPs and admin teams https://youtu.be/uSoJ51VGj94

- Education film for GPs -GP and Gastroenterologist discussion https://www.youtube.com/watch?v=PC2pRQA0500&feature=youtu.be

All of these resources are enclosed here and will be available on the supporting primary care page on the NCA website. NCA website colorectal pathway info

In addition, most CCGs have also commissioned the new requesting process for FIT which is a fully postal service and incorporates a safety net alert for missing samples.

Outline of pathway
Primary care clinicians will order a FIT test for patients with possible colorectal cancer symptoms, including high risk patients according to NICE NG12 guidance except people with abdominal rectal or anal mass or anal ulceration who should have immediate 2ww referral.
All patients with a FIT>10ug/gm are referred on the urgent cancer pathway and then triaged by specialists against the prioritisation criteria set out here.
Those patients with a FIT<10ug/gm and no other concerning clinical findings (such as IDA, persistent rectal bleeding or weight loss), as informed by an appropriate clinical assessment, do not have to be referred on an urgent cancer pathway. Safety netting must be in place. because up to 10% of people with colorectal cancer present with FIT<10ug/gm. The safety netting will be supported by advice and guidance from the local colorectal teams.

There is also provision for people to be referred who are unable to do a FIT test when there is a specific clinical concern from the GP.

Actions for CCGs
To achieve the best outcomes for patients and services the NCA clinical groups recommend the following actions for CCGs:

- Support rollout of the pathway and education for primary care teams using the resources above.
- Promote implementation via the safety netting and improving quality of referrals element of QOF QI.
- Work with PCNs to use the PCN DES on earlier diagnosis of cancer to implement this pathway.
- Work with local colorectal teams to monitor and audit the triage process. This should include auditing colonoscopy referrals in the symptomatic service to ensure 80% of 2 week wait activity is associated with a positive FIT result.

Actions for Colorectal Teams
To achieve the best outcomes for patients and services the NCA clinical groups recommend the following actions for colorectal teams

- Support education for the clinical and booking teams about the pathway.
- Ensure timely access to consistent and useful advice and guidance for primary care.
- Work with the NCA clinical groups to monitor and audit the triage process. and take appropriate measures to mitigate the risk of missed FIT negative cancers

Future work
There is additional work in progress to develop a combined abdominal symptoms pathway using RDC principles, which will align the use of FIT in assessing colorectal and serious non-specific symptoms. This work will further support optimising use of diagnostics and getting people to the right test at the right time.

Thank you for your support and please direct any queries to katieelliott@nhs.net

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