

Achieving early diagnosis through introduction of qFIT in primary care, as part of the clinical pathway for suspected colorectal cancer for symptomatic adult patients – NICE criteria (NG12)

The South West FIT steering group

Introduction

Colorectal cancer is the 4th most common cancer in the UK; accounting for 12% of all new cases of cancer. The incidence of colorectal cancer has increased by 14% since the 1970's and many are still diagnosed at a late stage (1). Nearly a quarter of patients are diagnosed through an emergency presentation, which is associated with late stage at diagnosis and poorer outcomes (2).

The NICE Guidance for Suspected Cancer (NG12) (3) was published in 2015 and contained major changes to the colorectal pathway, including a new recommendation for a group of patients at "low risk, but not no risk" of colorectal cancer:

50y and over with abdominal pain or weight loss

Under 60y with change in bowel habits or iron deficiency anaemia

Over 60y with anaemia, even in the absence of iron deficiency.

The Challenge

- The challenge was to mobilise FIT and build a sustainable infrastructure to support distribution of tests and results across a wide geography: over 400 miles with a population of 4.5 million
- And engage with 10 CCGs, 14 Acute Trusts, 5 STPs, 5 tertiary providers and 600 GP practices

The Project

- Following a successful bid, transformation funding for the implementation of FIT across 2 Cancer Alliances was received in September 2017
- A steering group was set up in September 2017 to oversee the project
- This group comprised of representatives from primary and secondary care, commissioners from both Cancer Alliances, Cancer Research UK and members of staff from each Cancer Alliance and patient representation.
- All pathology labs in the SW region were invited to submit an EOI to demonstrate how they could meet the requirements of analysing and reporting FIT samples sent from across the region
- Following qualifying process the Royal Devon and Exeter Hospital and North Bristol Trust underwent a contract variation
- The labs were responsible for:

Procuring the equipment (analysers and reagents)

Maintaining communications with labs in the region to arrange the delivery of test kits to all 600 practices and arranging for all practices to be able to receive the FIT test results

Design of the lab referral form

Collecting performance metrics

Re-stocking practices with test kits as appropriate

Hosting information relating to the test for GPs on their websites

Act as a point of contact for queries from GPs relating to FIT testing

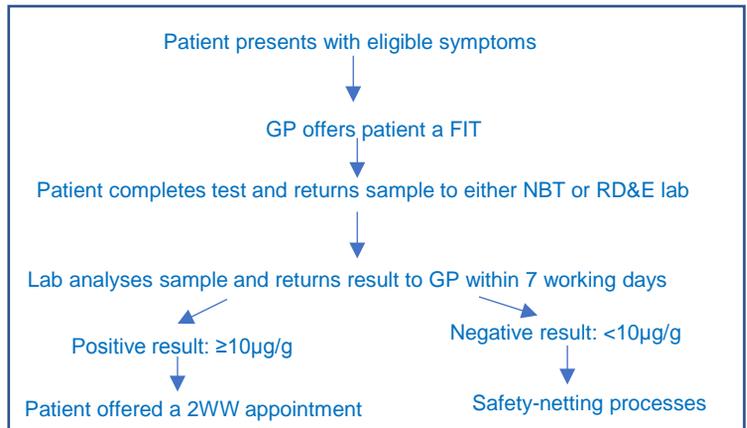
Key activities to consider

- **Appointment of two labs to provide the service**
- **Pathway design**
- **Engagement with primary and secondary care**
- **Evaluation and feedback processes**

Pathway Design

The original criteria as described in NG12 was adapted slightly for implementation to exclude the referral of patients under 50y presenting with change in bowel habit of iron deficiency anaemia

The pathway used in the South West was designed with patient convenience in mind and is shown below:



Engagement with primary and secondary care

- Representation on the FIT steering group of SSG Chairs
- Maintaining strong relationships with CCGs in the region through representation on the Steering Group
- Presentations of steering group reps at meetings of the LGI SSG in both Alliances and Cancer Managers Meetings
- Regular bulletins and communications via CCG
- As this test is being delivered in primary care GP engagement was a priority
- The steering group has representation from Clinical Leads and commissioners from CCGs in both Cancer Alliances
- A set of information was prepared for GPs and secondary care, comprising of:

A PowerPoint presentation developed by Cancer Research UK

A video about FIT was produced detailing GP guidance

Written information about the test and which groups of patients are eligible, processes for referral both as a longer document and a quick reference guide

- Each CCG was responsible for sending out the information as part of their normal comms with practices
- The local Cancer Research Facilitator team supported the Alliance and CCGs in this process by contacting practices to ensure that they have seen and disseminated the information to the GPs
- The Facilitator team are also offering visits to support practices to increase their knowledge and understanding of the test
- In some areas FIT was put on the agenda of GP education events and locality meetings and local Clinical Leads or members of the colorectal team were invited to present to GPs

Evaluation and Feedback

- The aim is for FIT to continue to be offered to patients following the end of the implementation phase
- To support commissioners in the development of plans to do this, data are to be collected relating to:

Number of patients referred for FIT

Number of positive/negative test results

Impact on endoscopy services

- Feedback from GPs through a questionnaire and through more in-depth qualitative interviews
- Feedback from patients through an online portal
- A more in-depth evaluation of the process of implementation will be carried out by the CanTest team at University of Exeter Medical School

Patient feedback

"This sounds like an excellent idea to me. From a patient point of view, providing a stool sample is much less intimidating and time consuming than going for a colonoscopy. Together with the huge differential in cost, this seems like an absolute no brainer to me."

"I think this is an excellent way of testing for bowel cancer & one I'm sure the majority of people would be happy to do."

GP Feedback

Has been positive: GPs have expressed interest in the test and find that it is useful for ruling out colorectal cancer in this group of patients. They find the pathway easy to follow and have received results quickly.

"Useful for a tricky group of patients and for reducing the need for a patient to travel"

Results so far

July – 335 tests received across the two Cancer Alliances of these 47 were positive, so a positivity rate of 14%

August - 837 tests received across the two Cancer Alliances and 111 of these were positive, so a positivity rate of 13%

From the August report: most of the patients referred were aged 50-60y with CIBH or IDA (37%) or 50y or over with abdominal pain or weight loss (34%).

References

1. <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer> (accessed 05/06/2017).
2. National Cancer Intelligence Network. Routes to Diagnosis 2006-2013 workbook (a). London: NCIN; 2015.
3. National Collaborating Centre for Cancer. Suspected cancer: recognition and referral. NICE guideline, 2015 NG 12. Available <http://www.nice.org.uk/guidance/ng12> (accessed 05/06/2017).