

Education session North East and Yorkshire Region : FIT in Primary Care

7th of December 2022

NHS England and NHS Improvement



Dr Johnathan Slade
Medical Director
NHSE North East and Yorkshire region

Welcome and Introductions

FIT in Primary Care

Agenda for Today

7th December 2022

#	Item	Lead
1	1200 Welcome and Introduction 10 mins	Dr Johnathan Slade
2	1210 Data, IIF and Waiting for Results , Safety Netting : Test and Results 20 mins	Dr Katie Elliott
3	1230 Secondary Care Perspective and National Guidance 20mins	Professor Matt Rutter
4	1250 5 mins comfort break	
5	1255 Case Studies 20mins	Dr Katie Elliot and Dr Steve Ollerton
6	1315 QA and Panel 10mins	Dr Johnathan Slade, Prof. Matt Rutter, Dr Katie Elliott, Dr Steve Ollerton and Chris Jewesbury
7	1325 Close and final comments 5 mins	Dr Johnathan Slade

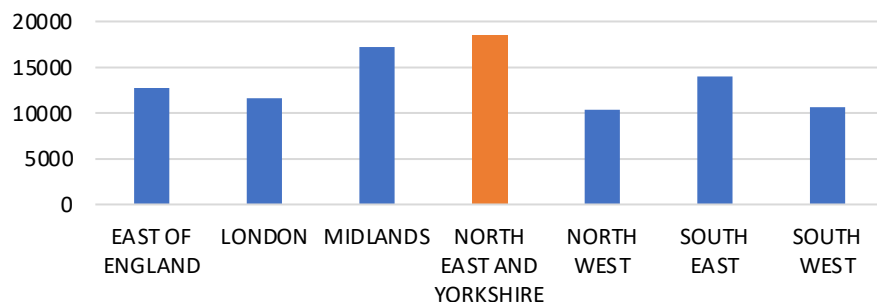
Setting the scene for session

NHS England and NHS Improvement

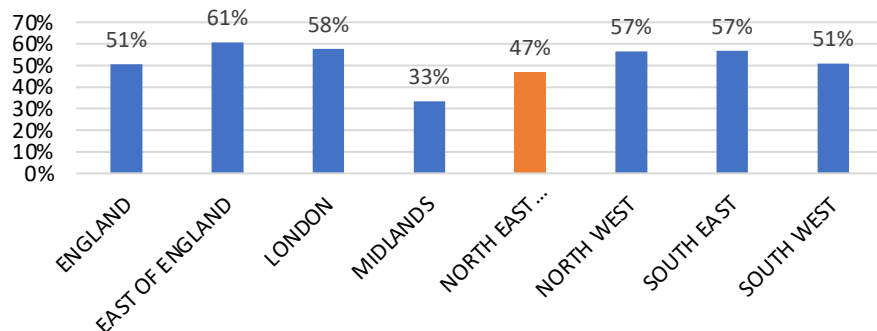


FIT North East & Yorkshire Regional Overview

Number of lower gastrointestinal two week wait (fast track) referrals for suspected cancer: Sept & Oct 2022



Percentage of people with a lower GI 2ww referral accompanied by a FIT update: Sept & Oct 2022

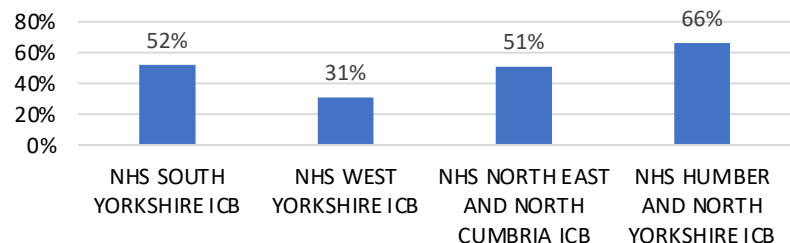


Key Messages

- The North East & Yorkshire made the highest number of lower GI 2 week wait referrals in Sep & Oct 2022
- Approximately 9,000 referrals are made in the NEY region every month.
- 47% of Lower GI referrals were accompanied by a FIT test (target 80%).
- We had the second lowest percentage of referrals accompanied by a FIT test, compared to the other 6 regions.

FIT North East & Yorkshire ICB Overview

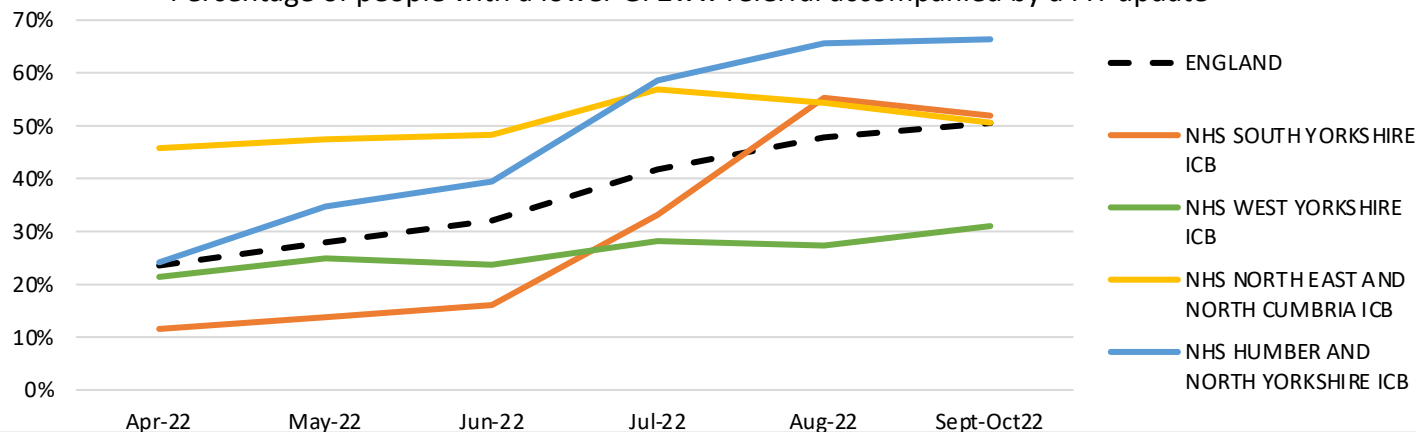
Percentage of people with a lower GI 2ww referral accompanied by a FIT update: Sept & Oct 2022



Key Messages

- Humber and North Yorkshire have submitted 66% of referrals with accompanying FIT – The highest of the ICBs.
- All 4 ICBs have increased % FIT referrals since April 2022 – although NENC has seen a recent decline.
- All ICBs except West Yorkshire are above the national average of 51% of referrals with accompanying FIT test. None of the ICBS have yet reached the 80% target.

Percentage of people with a lower GI 2ww referral accompanied by a FIT update



Data Source: Investment & Impact Fund FIT Incentive – Sept 2022 & Oct 2022

Data, IIF and Waiting for Results

Dr Katie Elliott



Implementing FIT in Colorectal Referral Pathways Northern Cancer Alliance

Dr Katie Elliott
Clinical Director (Primary Care)
CRUK GP
Northern Cancer Alliance



Join our Journey



North East and North Yorkshire

FIT in Colorectal Pathway

- DG30 FIT for symptomatic non-2WW
- April 2020 - Rapid introduction of FIT for people with NG12 symptoms
- July 2022 NICE endorsed BSG guidance

NOW

- **FIT in primary care for people with sx that could be CRC**
 - CIBH/ Rectal bleeding – wait for result before decision about referral
 - FIT ≥ 10 refer 2ww
 - FIT < 10 and normal examination , blood test and no weight loss, do not refer 2ww for CRC unless other significant clinical suspicion.
 - Safety netting
 - Planned review/ patient initiated depending on patient need
 - A+G/ Routine or urgent referral for persistent/ troublesome symptoms depending on need
 - IDA/ Weight loss/ abdominal mass - wait for result but refer anyway
 - Rectal/ anal mass or ulceration – direct referral no FIT required
- **Secondary care use FIT result to triage suspected CRC 2ww referrals**



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FIT IIF

21 days before and up to 14 days after colorectal
fast track referral

What is your score? - check your search

Validate your missing patients

Any education needed in your team

Wait for results before referral

- **Get people to the right test first**
- Manage patient expectations – next delayed waiting for FIT results
- Reduce harm from unnecessary referrals and tests
- Use limited colonoscopy resource as effectively as possible
- Referral should be timely after the decision to refer **BUT**
the decision to refer or the type of referral now depends on the FIT result.

WAIT for the FIT result before referral



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Safety Netting: Test and Results

Dr Katie Elliot

Safety Netting

- Requesting FIT
 - Task to self / group (with due date)
 - Accurx/ SMS standard message
 - Add code FIT requested
 - Results comes back with Snomed code attached
 - Safety net search – look for FIT requested and no result
 - NENC Safety net message on ICE if lab does not receive the kit
- FIT result (depends on good safety netting for the request)
 - Not possible to get FIT from the patient – clinical decision about referral and indicate that patient has not been able to do FIT test
 - Searches for FIT +ve (FIT ≥ 10) without colorectal fast track referral
 - FIT negative (FIT < 10)
 - What is the clinical concern? Weight loss / IDA/ other concerning symptoms. Any other investigations needed?
 - YES - refer SNSS/ combined pathway/ colorectal pathway – depends on local services
 - NO - management in primary care
 - » Symptomatic treatment
 - » planned or patient initiated review
 - Ongoing symptoms – A+G/ routine referral/ urgent referral



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NCA Data April-July 2022

- >12,000 tests per month (up from 8000 in Jan 22)
- 20% positivity overall (fallen in the last 2 months)
- Increased positivity with age group
- Built in safety net for postal FIT requests
- Distribution of results fairly consistent

FIT result	APRIL 22	July 22
<10	75.4%	79%
10-99	13.7%	11.6%
>=100	7.7%	6.35%
Spoiled / unusable	3.8%	2.7%



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Outcomes

- Conversion rate and detection rate of colorectal 2ww route have increased
 - In the areas with early, rapid uptake and use in primary and secondary care to decide on the test, the conversion rate has increased to 5.6% and detection rate up from 49.7% to 58%
 - Overall 4% increase in referrals across NENC
 - 10% increase in 62 day treatments
 - Overall 31 day treatment numbers maintained compared to pre-covid.
 - More via 2ww and more via screening
-
- **FIT is pulling more people into managed pathways and no indication that we are missing people with CRC.**



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Colorectal Cancer Diagnoses

NCA

	2019-20 to 2021-22 To total number of CRC cancers diagnosed via GI pathways	Conversion rate of CRC pathways		Detection rate of CRC pathways	
		2019-2020	2021-2022	2019-2020	2021-2022
NCA	12% increase	4.3%	4.4%	49.8%	53.6%
North Tees	36% increase	4.1%	5.2%	47.4%	57.2%

Colorectal

31 Day Source of Referral	2019/20	2021/21	2021/22	2022/23	2019/20	2020/21	2021/22	2022/23	Volume 20/21	Volume 21/22 (over 19/20)
2WW Referral	1152	1032	1270	185	49.8%	50.1%	53.6%	54.6%	-120	118
2WW Breast Symptoms	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	0
Urgent Referrals - Screening	274	247	373	47	11.9%	12.0%	15.7%	13.9%	-27	99
Other Referral Sources	885	781	726	107	38.3%	37.9%	30.6%	31.6%	-104	-159
Total	2311	2060	2369	339					-251	58

Northern Cancer Alliance August FIT Data

- 17% of people with cancer (193) detected on the colorectal cancer pathways 2021-2022 did not have colorectal cancer. 89 were upper GI cancers
 - They must have had symptoms but not detected by colonoscopy
 - What is the right route for referral?
 - SNSS?
 - Combined pathway?



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Thank you



@NorthernCancer



www.northerncanceralliance.nhs.uk



england.nca@nhs.net



011382 53046

Join our Journey

Secondary Care Perspective and National Guidance

Professor Matt Rutter

5 mins Comfort break



Case Studies

Dr Steve Ollerton and Dr Katie Elliott

Case study 1

- Elsie 68 CIBH for 5 weeks
- No weight loss or blood in stool
- Examination
 - rectal lesion
- 2WW referral – include bloods



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Case study 2

- James 56 builder. 2 episodes of rectal bleeding over the last 3 months
- No weight loss
- Examination
 - Normal
- Blood tests and FIT
- FIT positive
- 2WW referral



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Case study 3

- A met 72 retired. Weight loss in the last 3 months. Vague abdominal pain.
- YOC bloods mild anaemia, MCV low, smoker
- Examination
 - Normal
- CXR, Blood tests (PSA) and FIT
- FIT negative, CXR normal
- 2WW referral



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Case study 4

- Mrs Tang 45, lawyer. Fit and good diet. Never smoked. Note FH of endometrial cancer and breast cancer
- TATT, anaemia.
- Examination
 - Normal
- CXR, Blood tests (CA125) and FIT
- FIT negative

- 2WW/ urgent referral



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Case study 5

- Flo. 56 learning disability
- CIBH for 6 months
- Examination and bloods normal
- FIT - Negative
- Review of meds - stopped PPI and planned patient review plan shared with her carer with her permission
- Persistent symptoms
- Routine referral to GI team with required adjustments indicated
- Colonoscopy arranged - supported and tolerated
- Infectious colitis identified and treated



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Questions and Answers session

- Dr Johnathan SLADE: Medical Director NHSE North East and Yorkshire region
- Professor Matt Rutter : Clinical Lead Endoscopy programme NEY NHSE , Consultant North Tees NHS Trust
- Dr Katie Elliott: Clinical Director (Primary Care) ,CRUK GP Northern Cancer Alliance
- Dr Steve Ollerton: Clinical Lead for Primary and Community Care, West Yorkshire Primary Care .Clinical advisor to Diagnostics Programme NE and Yorkshire Region
- Mr Chris Jewesbury:
Head of Cancer and Diagnostics NHSE North East and Yorkshire Region

Dr Johnathan Slade

Closing and summing up

Thank you
NEY regional Cancer and Diagnostic Team