

Colorectal Urgent Suspected Cancer Pathway Primary care guidance - Changes from 26 May 2020

KEY CHANGES TO LOWER GI 2WW PATHWAY FOR ACTION IN PRIMARY CARE:

- All patients referred on the lower GI 2WW pathway must now complete a FIT test and blood tests (FBC, Ferritin, U&E) in primary care at the time of the referral.
- Positive FIT test results for 'low risk' symptomatic patients will now be escalated to the 2WW pathway internally at LTH. It is therefore no longer necessary for GPs to complete a 2WW referral form for these patients.

N.B When issuing a FIT kit, please ensure your patient has an ICE request form and label. If your practice requires more stock of FIT kits email leedsth-tr.fit-immunologyleeds@nhs.net

The COVID-19 pandemic has created significant problems for the delivery of healthcare across Leeds with diagnostic and elective operating services having had significant disruption.

As we enter the next 'recovery' phase there is not only the backlog of urgent referrals that have had limited investigation due to diagnostic constraints but we also anticipate a surge in referrals as those who have held off coming to hospital present to you in primary care. Due to the constraints around social distancing and PPE, radiology and endoscopy will not be running at anything like full capacity during the 'recovery' phase. In light of this NHS England has published advice on the routine use of FIT/Blood tests for all patients who meet the criteria for a 2 week wait referral to exclude Colorectal Cancer (NG-12) in order to allow prioritisation of referrals, so that those who have the highest risk are investigated first.

This is in addition to the use of FIT in lower risk patients (DG-30) which we have been doing in Leeds since April 2019 (a positive FIT in this group until now mandated a 2 week wait referral by primary care).

This document explains the changes that will take place in

1. New 2 week wait referrals (NG-12 symptoms from 26/5/20)
2. New referrals for FIT test in lower risk patients who do not meet NG-12 (DG-30 from 26/5/20)
3. 2 week wait patients currently held by LTHT but not investigated yet due to the COVID situation (pre 26/5/20)

1. Primary care investigation in patients who meet 2WW referral criteria (NG-12) for suspected colorectal or anal cancer

Please undertake the following investigations at the time of referral from 26/5/20:

- U+E (currently requested as part of 2WW)
- FBC
- Ferritin
- FIT test

Please undertake a FIT test for all referrals (including those with visible rectal bleeding)

The 2ww referral form on DART and LHP has been updated to reflect this change. *Blood tests must be recent (within 8 weeks of referral)*

Practices should have a stock of FIT testing kits within their surgery. Please check your stock levels before ordering any further testing kits. If further tests are required please contact leedsth-tr.fit-immunologyleeds@nhs.net.

Please ensure that when a patient is issued with a FIT testing kit, they are also issued with their ICE request form and label, which the patient will need to return to the laboratory with their FIT sample.

As many consultations are now conducted remotely, each GP surgery should decide how to dispense the FIT testing kit and ICE request form; e.g. by asking the patient to visit the surgery to collect from reception, posting out to the patient's home etc...

To minimise the number of tests rejected due to incorrect collection/ return method please direct your patients to the following YouTube video 'how to complete your test'

<https://www.youtube.com/watch?v=gFck1ejDQD4>

2. FIT-testing in lower risk patients not meeting NG12 criteria (DG30 patients)

The existing advice given by NICE (DG30) in patients with abdominal symptoms and **no rectal bleeding** but who do not meet the clinical criteria for a referral on NG12 remain unchanged i.e. GPs should request a FIT test. A result $\geq 10\mu\text{g/g}$ is regarded as positive and would previously have mandated referral on the urgent 2WW pathway in primary care.

The major change for this patient group is that LTHT will now automatically generate this 2 week wait referral internally and liaise with patients directly. The 2 week wait referral for this group does not now need to be done in primary care.

However for negative FIT tests in those with low risk (DG30) symptoms primary care remains responsible for communication of the result and on-going care of their patients.

This table summarises the requirements from a primary care perspective for NG12 (higher risk) and DG30 (lower risk) patients.

Lower GI Pathway	Positive FIT result	Negative FIT result
High risk symptom pathway (NICE NG12 - 2ww referral already made by GP)	Patient reviewed LTHT NO ACTION REQUIRED BY GP	Patient reviewed LTHT NO ACTION REQUIRED BY GP
Low risk symptom pathway (NICE guidance DG30 - 2 week wait referral not undertaken prior to FIT test result by GP)	Patient for upgrade to 2WW referral by LTHT with subsequent review of patient GP TO ENSURE SAFETY NETTING IN PLACE*	GP to review and communicate negative result to patient and manage according to DG30 GP TO ACTION

*SAFETY NETTING - When requesting a FIT test for low risk patients, as a minimum we recommend booking a telephone appointment to communicate the results to the patient. In the case of positive FIT test results, please advise patients they will be contacted by LTH within two weeks of the result to arrange further management, and to seek advice promptly if this does not occur by calling the ACE team on 0113 2064698 or 0113 2064847

3. Two week wait patients currently held by LTHT but not investigated yet due to the COVID situation - *No action required by GPs*

From 11th May the LTHT Endoscopy Nurse Triage team have been contacting patients on the current waiting list asking them to complete a FIT test to allow further triage/ prioritisation for diagnostic investigation.

Secondary Care Pathway

Colorectal / Gastroenterology Clinicians and specialist nurses will be contacting patients by telephone to discuss diagnostic investigations required based on your patient's Bloods / FIT test result and their presenting symptoms. This is based on national guidance and has been agreed by the West Yorkshire Colorectal Cancer Alliance.

1. Top priority patients for urgent colonoscopy or CT (CTC or plain CT):

- Early signs of a large bowel obstruction, e.g. lower abdominal pain and distension
- Other NG12-specified symptoms and a FIT >100µg/g
- Symptoms deemed by specialist GI surgeons/gastroenterologists at the point of triage to merit urgent intervention e.g. ano-rectal mass

2. Second-order priority patients to be placed on an endoscopy waiting list:

- NG12-specified symptoms and a FIT 10–100µg/g

3. Third-order priority patients to be safety-netted on a patient tracking list:

- NG12-specified symptoms and a FIT <10µg/g

The timeframes for both colonoscopy and CT colonography investigation are currently unclear but it is anticipated that as the COVID situation improves services which were halted during this time will resume. However it is quite likely that these will not operate at normal efficiency / capacity due to social isolation / PPE requirements.

If you have concerns regarding patients who you have referred but who appear to be deteriorating clinically please contact the colorectal nursing team via email leedsth-tr.colorectalstomacnsreferrals@nhs.net or phone 0113 2065535 and this will be escalated to the consultant colorectal surgeon on call.