York and Scarborough Teaching Hospitals
NHS Foundation Trust

LGI FT Service
FIT implementation

York & Scarborough Teaching Hospitals NHS Foundation trust

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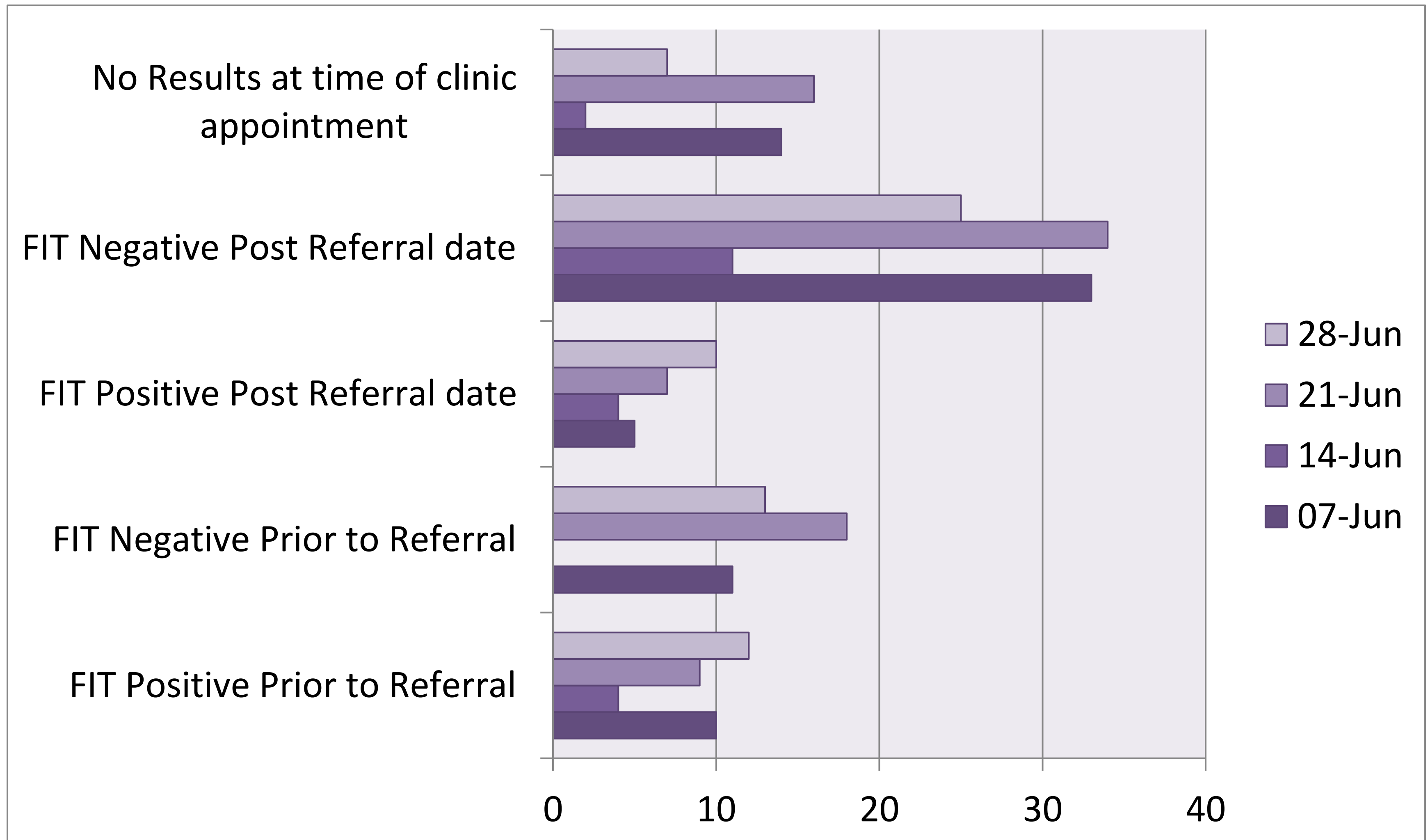
FIT

- All patients referred under the LGI FT pathway **should** have a FIT result prior to assessment / prioritisation.

FIT Results of 2WW referred colorectal patient (n=245)



FIT available pre referral

- 245pts

- FIT result available pre referral: **31.4%** (77pts)
- Percentage of FIT positive results pre referral: 14% (n=35 pts)
- Percentage of FIT negative results pre referral: 17% (n = 42 pts)

FIT before clinic appointment

- Percentage of FIT positive results before clinic appointments: 24% (n = 61 pts)
- Percentage of FIT negative results before clinic appointments: 59% (n = 145 pts)
- No results at clinic appointments: **16%** (n = 39 pts)
- Contacted GP Surgeries 26 times for repeat FITs or to issue patients with FITs as part of the referral

Outcome of FIT +ve

- Those positive tests (n= 61 pts) resulted in:
- 70% P1 Endoscopy requests
- 20% P2 Endoscopy requests
- 3% CT Scans
- 7% DNA or Refused diagnostic testing

What is the FIT data telling us and what improvements/efficiencies could be made?

- The majority of patients were FIT negative **(n=187)** and thus could be a GP watch and wait or some referred to an alternative pathway or to RDC if they meet the criteria

What is the FIT data telling us and what improvements/efficiencies could be made?

- Reduce the number FIT negative pts => 2ww referrals

What is the FIT data telling us and what improvements/efficiencies could be made?

- Reduce the number pts n=39 that attend a clinic and have no results at time of clinic appointment => better prioritisation

What is the FIT data telling us and what improvements/efficiencies could be made?

- Benefits include:

- clinic appointment capacity
- increases doctor capacity to work on wards
- Able to develop a STT pathway
- Minimise delays in diagnostic of FIT +ve patients
- potential financial benefit of circa £250 saved per clinic for the cost of the clinician which is a conservative figure and does not include other admin and system costs.

Results from audit

- Patients unaware they are referred to a 2WW Cancer Pathway from GP
- GPs ticking boxes on referral form even though pts unaware
- Most patients believe they are being referred directly for a colonoscopy
- Some patients not sure why they are speaking to another doctor, why not just going straight to test?
- Some GPs not using FIT as part of the referral

Results from audit

- 2 patients used private health care after referral due to referral time
- ED referrals have no FIT
- Some anxiety over FIT and blood results, waiting a week or more for those results

Ambition

- All patients should be reviewed by the GP with the FIT result available and then decide if they need a FT referral

Ambition

- Straight to Test pathway

Vetting of FT referral by day 2 and 1st investigation completed within a week for FIT +ve.

STT

- **Necessary information on FT referral**:

- Symptoms
- Past medical history- comorbidities
- Family history of GI malignancy
- Current medications/allergies
- Findings from Clinical Examination
- FBC, U&Es
- **FIT** result
- Performance status – fitness
- Confirmation that patient is aware of FT referral
- Documentation of patient’s wishes/expectations/availability

Outcome after a referral

- FT investigations
- Downgrade but still investigate on a routine pathway
- Discharge to GP with advice

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- Downgrade but still investigate on a routine pathway
- **Discharge to GP with advice**

Safety net

GP to review patient within 6 weeks and re-refer if further concerns.

Thank you.