

**Faecal Immunochemical Testing (FIT) for high risk symptomatic patients during Covid-19 pandemic**

Covid 19 has accelerated the interest in the use of FIT in a symptomatic context.

In recent weeks we have been working with clinicians in both primary and secondary care to develop the use of FIT in high risk symptomatic patients who meet the 2WW clinical criteria following national referral guidance.

The pathway below details the process required in Primary care to enable the FIT result to be used as part of the secondary care triage process.  The FIT result will help to inform the risk stratification of 2ww patients - as to the timeliness and most appropriate next pathway step. It is designed to support the most appropriate next pathway step and minimise the risk of Covid exposure to patients as well as staff.

A FIT Test is to be initiated in Primary care at the same time as the 2ww referral **unless there is rectal bleeding when a FIT test is unhelpful**.  GPs should also request completion of FBC, U&E and Ferritin as we know the FIT test and ferritin level aid clinical triaging of patients.  If consultation is face to face also complete DRE if possible.

**Do not delay a 2ww referral whilst waiting for FIT results**

Lower GI 2WW Referral

Telephone Triage

In Primary Care

**TESTS REQUIRED**

Full Blood Count, U&E and Ferritin if Iron deficient.-

To be arranged in primary care if not completed in last 3 months.

**FIT** given to patient when attends for bloods.

**or**

**FIT** posted to patient if patient does not need to attend the surgery for bloods. **Ensure FIT sample container is fully labelled prior to sending.**

**(excluding presence of rectal bleed)**

Refer using standard 2WW form or Lower GI referral form. Ensure all details are completed.

**Confirm on the form under OTHER INFORMATION that patient has been given FIT to complete and postal return to lab**

All patients will have secondary care clinical triage, in line with individual Trust protocols. If specialists decide on alternative treatment the patient will be kept on a tracking list as per normal pathway administrative processes. This will help to ensure safety netting and further follow up at a later date.  This will be reviewed routinely by secondary care clinicians.

Patients should not be discharged off the pathway based on a negative FIT test alone. Local decisions are required to agree the ongoing referral process in this instance as in some patient cohorts such as those with iron deficiency anaemia may have a false negative FIT result.

Please ensure you maintain enough stock of FIT kits within the practice for the increased demand.

Learning from the use of FIT for 2ww high risk patients during COVID will be reviewed and consideration as to the benefit of long term use, as part of the standard LGI 2ww pathway, will be evaluated post COVID emergency.

We appreciate your support in the implementation of the COVID FIT 2ww High Risk Lower GI pathway, if you have any questions please do not hesitate to contact your CCG cancer lead commissioner (details below).

Please note the Lower GI Low Risk pathway remains the same

The addition of FIT testing for high risk patients will “go live” **with effect from Monday 4th May 2020**. Appropriate measures have been put in place at all necessary Labs.

Dr Louise Merriman

GP Cancer Clinical Lead, Derby and Derbyshire CCG

(Endorsed by Clinicians in South Yorkshire and Bassetlaw Cancer Alliance and The Midlands Cancer alliance based on national guidance)

If you have any queries please contact:

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