

“FIT” for Purpose???
Reflections on NICE urgent
referral guidelines
implementation: suspected
colorectal cancer

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Suspected cancer: recognition and referral

NICE guideline

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nice.org.uk/guidance/ng12 © NICE

Devon approach to NG12:

- referral pathways: 2ww proformas
- Direct access diagnostics (or straight to test)
- Faecal Occult Blood Testing

NICE Guidance (NG12) recommends:

Offer testing for occult blood in faeces to assess for colorectal cancer in adults without rectal bleeding who:

- **are aged 50 and over with unexplained:**
 - o **abdominal pain or**
 - o **weight loss, or**
- **are aged under 60 with:**
 - o **changes in their bowel habit or**
 - o **iron-deficiency anaemia, or**
- **are aged 60 and over and have anaemia even in the absence of iron deficiency. [new 2015]**

Quality statement 3: Testing for blood in faeces:

Adults presenting in primary care with symptoms that suggest colorectal cancer, who do not meet the referral pathway criteria, have a test for blood in their faeces

Rationale

Many colorectal cancers leak blood into the bowel intermittently. Tests for the presence of blood in faeces are relatively easy, inexpensive and safe, and help to identify people at higher risk of having colorectal cancer. People at higher risk can then receive definitive investigation sooner, resulting in earlier treatment for those diagnosed with cancer.

What the quality statement means for:

Service providers (**primary care services**) ensure that systems are in place for adults with symptoms that suggest colorectal cancer, who do not meet the referral pathway criteria, to have a test for blood in their faeces

Healthcare professionals (GPs, specialists and practice nurses) ensure they offer a test for blood in their faeces to adults presenting in primary care with symptoms that suggest colorectal cancer who do not meet the referral pathway criteria.

Commissioners (CCGs and NHS England) ensure that they commission services in which people presenting in primary care with symptoms that suggest colorectal cancer, who do not meet the referral pathway criteria, have a test for blood in their faeces.

Positive= 2ww referral
Services under pressure
Faecal Immunochemical
Testing (Screening...)
No estimated impact- NICE

HEALTHY
PEOPLE
living healthy lives
in healthy communities



**Northern, Eastern and Western Devon
Clinical Commissioning Group**

Peninsula Cancer Alliance (PCA)



However significant uncertainty :

- 1. The number of patients presenting in primary care who fit the NICE criteria.**
- 2. The current management of these patients (referred +/- endoscopy, not referred, other)**
- 3. Hence the cost of both the test and subsequent hospital activity**
- 4. Labs...kit...**

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NEW Devon CCG:

- proposed service evaluation (Clinical Effectiveness Team)
- Network approach
- little evidence for this population
- *something* should be available
- AUDIT!!**

Current picture

Peninsula Cancer Alliance (PCA) established : National Strategy

**Transformation bids for Early Diagnosis + Living With and Beyond
Cancer**

PCA Early Diagnosis:

- National Optimal Lung Pathway**
- FIT implementation**

CRUK partnership