

New Colorectal 2 WW Referral Pathway – Colorectal Suspected Cancer Hub Pilot

Background

In November 2020 it was recommended that Primary Care should arrange a qFIT test for all low-risk patients with NG 12/DG30 bowel symptoms (change in bowel habit, weight loss, abdominal pain) and then only refer these patients via the 2 WW lower GI pathway if their qFIT was ≥ 10 mg/g to reduce the number of unnecessary colonoscopies being performed. It should be noted that conditions other than cancer can cause a raised qFIT (eg Ulcerative Colitis, Crohns, Diverticulosis) and that qFIT should not be used for patients with active rectal bleeding.

The age range for qFIT was expanded down to the age of 18 years due to the increasing incidence of colorectal cancer in younger patients, particularly in the South West.

If the results of a qFIT test are not known prior to the 2 WW referral being made this can lead to the wrong pathway being used, and delays at the start of the pathway in secondary care.

Current Process

If the patient is low-risk of having a lower GI cancer and has NG 12/DG30 bowel symptoms (change in bowel habit, weight loss, abdominal pain) currently GPs complete a paper referral form and hand this with a qFIT test kit to the patient and it is then up to the patient to complete it and post to Southmead. This process does not have an audit trail. The result is then reviewed by the GP and if the qFIT is ≥ 10 mg/g then the patient is referred via the 2 WW Lower GI referral form with the result.

Unfortunately, qFIT tests do not always get done as shown by the secondary care audits and some referrals are currently being made without the required qFIT results being included causing delays.

Colorectal Suspected Cancer Hub Pilot

To ensure that the Lower GI 2 WW referrals that require a qFIT have the results available at the time of referral a new Colorectal Suspected Cancer Hub is going to be piloted **from 11th October 2021**. Somerset Foundation Trust has secured funding to establish this Somerset-wide Hub for 12 months, as part of SWAG Cancer Alliance 2021 Innovation Funding.

The aim of the Hub is to create a single point of contact for GPs for all 2WW Lower GI referrals. **GPs will no longer be required to give the patient the qFIT form and qFIT test kit prior to making a 2 WW Lower GI referral**, instead there will be a new form on C The Signs which will not require a qFIT result. GPs will still need to examine the patient (including a

digital rectal examination) and request bloods, as they always have done, prior to making the referral. The new 2 WW lower GI referral form will automatically be received by the Hub via eRS once primary care has made the 2 WW referral in the normal way.

Once the Hub receives the referral form they will undertake an admin triage to ensure suitable patients have completed a qFIT test. The Hub will order the qFIT via Ordercomms and send the patient the labelled qFIT test in the post. The Hub will be responsible for chasing up the patient and the result. Once the patient has completed the qFIT test they will bring it back to the Surgery for it to go via internal post (as do all other pathology samples) to Somerset Pathology Services at Taunton to be processed and sent to Southmead. The positive of this process is that it will be auditable and no longer be the responsibility of primary care.

If additional and/or missing bloods are required for the 2 WW referral the Hub will liaise with the patient's Surgery to arrange for the bloods to be taken. Please ensure that bloods are done prior to the referral being sent so patients don't need to attend the surgery again. The Hub will be responsible for chasing up and adding these results to the referral.

Once all the correct information and tests are completed the Hub will then forward the referral on to the Lower GI 2 WW team in secondary care.

Further Information

For further information please email: sandie.sealey@somersetFT.nhs.uk or email: colorectalhub@somersetFT.nhs.uk