**FIT Testing Report Colorectal Cancer Clinical Advisory Group Meeting, Wednesday 4th March**

**Sample workload statistics FIT testing January – February 2020**

|  |  |
| --- | --- |
|  | **Bristol** |
| Date range | **19th December - 18th January** |
| Samples received | 1215 |
| Positive | 214 |
| % positive | 18% |
| Aged 50-60 with: changes in bowel habit or iron deficiency anaemia | 332 |
| Aged over 50 with: unexplained abdominal pain or weight loss | 501 |
| Aged 60 or over and have anaemia without iron deficiency | 304 |
| No criteria provided | 77 |
| Within lab turnaround time from receipt > report issued | 1 day |
| Rejected samples  | 31 |

**Headline work load and % positive rate (previous 9 months data)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **2019** | **2020** |  |
|  |  | **May-Jun** | **Jun-July** | **July-Aug** | **Aug-Sep** | **Sep-Oct** | **Oct-Nov** | **Nov-Dec** | **Dec-Jan** | **Jan-Feb** | **Total** |
| Samples received | Bristol | 789 | 847 | 903 | 911 | 964 | 995 | 989 | 806 | 1215 | 8419 |
| Positive | Bristol | 124 | 122 | 152 | 122 | 147 | 160 | 168 | 124 | 214 | 1333 |
| % positive | Bristol | 16% | 14% | 17% | 13% | 15% | 16% | 17% | 15% | 18% |  |

**Criteria for testing (calculated as % of patients for whom criteria provided) (previous 9 months data)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **2019** | **2020** |
|  |  | **May-Jun** | **Jun-July** | **July-Aug** | **Aug-Sep** | **Sep-Oct** | **Oct-Nov** | **Nov-Dec** | **Dec-Jan** | **Jan-Feb** |
| Aged 50-60 | Bristol | 35% | 35% | 31% | 31% | 31% | 31% | 32% | 26% | 29% |
| Aged over 50 | Bristol | 39% | 41% | 39% | 43% | 42% | 46% | 47% | 47% | 44% |
| Aged 60 | Bristol | 25% | 24% | 30% | 26% | 27% | 23% | 21% | 27% | 27% |

|  |
| --- |
| Aged 50-60 with: changes in bowel habit or iron deficiency anaemia |
| Aged over 50 with: unexplained abdominal pain or weight loss |
| Aged 60 or over and have anaemia without iron deficiency |

**Breakdown by CCG Total Work load (previous 9 months data)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **2019** | **2020** |  |
|  |  | **May-Jun** | **Jun-July** | **July-Aug** | **Aug-Sep** | **Sep-Oct** | **Oct-Nov** | **Nov-Dec** | **Dec-Jan** | **Jan-Feb** | **Total** |
| Bristol | BANES | 51 | 55 | 77 | 69 | 66 | 70 | 68 | 60 | 90 | **606** |
| Bristol | Gloucestershire | 264 | 242 | 224 | 219 | 242 | 249 | 242 | 187 | 338 | **2207** |
| Bristol | Wiltshire | 149 | 189 | 188 | 196 | 228 | 218 | 231 | 158 | 254 | **1811** |
| Bristol | Somerset | 75 | 89 | 113 | 151 | 175 | 180 | 177 | 157 | 235 | **1352** |
| Bristol | BNSSG | 242 | 272 | 301 | 276 | 253 | 278 | 271 | 244 | 297 | **2434** |
| Bristol | Bristol | 120 | 131 | 138 | 133 | 108 | 119 | 118 | 101 | 136 | 1104 |
| Bristol | North Somerset | 68 | 74 | 73 | 68 | 70 | 72 | 79 | 69 | 74 | 647 |
| Bristol | South Gloucestershire | 54 | 67 | 90 | 75 | 75 | 87 | 74 | 74 | 87 | 683 |

**Breakdown by CCG Positive Patients (previous 9 months data)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **2019** | **2020** |  |
|  |  | **May-Jun** | **Jun-July** | **July-Aug** | **Aug-Sep** | **Sep-Oct** | **Oct-Nov** | **Nov-Dec** | **Dec -Jan** | **Jan-Feb** | **Total** |
| Bristol | BANES | 4 | 9 | 9 | 6 | 8 | 16 | 9 | 12 | 12 | **85** |
| Bristol | Gloucestershire | 56 | 35 | 50 | 25 | 37 | 28 | 47 | 27 | 74 | **379** |
| Bristol | Wiltshire | 13 | 27 | 30 | 18 | 37 | 37 | 41 | 28 | 36 | **267** |
| Bristol | Somerset | 13 | 8 | 19 | 28 | 30 | 25 | 26 | 23 | 46 | **218** |
| Bristol | BNSSG | 38 | 43 | 44 | 45 | 35 | 54 | 45 | 34 | 46 | **384** |
| Bristol | Bristol | 20 | 21 | 18 | 29 | 17 | 22 | 21 | 18 | 21 | 187 |
| Bristol | North Somerset | 8 | 14 | 15 | 9 | 9 | 20 | 13 | 7 | 11 | 106 |
| Bristol | South Gloucestershire | 10 | 8 | 11 | 7 | 9 | 12 | 11 | 9 | 14 | 91 |

**Use of FIT testing and Electronic reporting**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Number GP practices** | **No samples****sent** | **% no samples****sent** |  | **Electronic reporting** | **Outstanding** | **% electronic reporting** |
| Bristol | BANES | 23 | 0 | 0% |  | 22 | 1 | 96% |
| Bristol | Bristol | 42 | 0 | 0% |  | 42 | 0 | 100% |
| Bristol | Gloucestershire | 80 | 1 | 1% |  | 80 | 0 | 100% |
| Bristol | North Somerset | 17 | 1 | 6% |  | 16 | 1 | 94% |
| Bristol | Somerset | 67 | 1 | 0% |  | 63 | 3 | 94% |
| Bristol | South Gloucestershire | 25 | 0 | 0% |  | 25 | 0 | 100% |
| Bristol | Wiltshire | 48 | 1 | 2% |  | 44 | 3 | 92% |

There are 10 practices in addition were the messages are not being acknowledged

**Key Features of FIT testing over the project time line**

* Work load across the SWAG area continues to increase in part driven by increased uptake in Somerset
* Positive rate continues to be between 13-18%
* Aged over 50 with: unexplained abdominal pain or weight loss continues to be the most common indication for undertaking the test
* There is persistent low number of rejected samples from patients who have not followed the sample collection procedure or are <50 years, a number of requests are also received without forms which makes patient identification difficult

**Future challenges**

* Need to complete the electronic reporting to ensure the risks of un-actioned results is reduced, (checks are made on positive results from practices not receiving electronic reports each month)
* Complete the commissioning process to ensure continued continuity of service across SWAG and ensure acceptable reporting of FIT use occurs
* Need to ensure there is follow-up of practices who are infrequent users of the service if support from CRUK facilitators is reduced
* Mechanism to review the lower age limit for the service, there are a significant number of requests from GPs in patients less than 50 which currently get rejected. Although it would be possible to change this on an individual CCG basis a SWAG approach would be easier to implement.
* Need to review input of samples from the “vague symptoms pathway” in patients <50 years to ensure they do not get rejected
* Develop the FIT clinical advisory group to provide appropriate advice to commissioners on the use of FIT testing