Changes to the LGI 2WW Pathway

• All patients with symptoms and signs suggestive of possible colorectal cancer should have a FIT test before referral unless they have a rectal or anal mass, or anal ulceration. Patients with a FIT>10 ug/g, rectal or anal mass or anal ulceration should be referred on the Lower GI (LGI) 2WW pathway for suspected colorectal cancer (CRC).

• There is a high volume of patients currently waiting for an endoscopic investigation. This is due to reduced endoscopy capacity across NCL when compared to pre-COVID levels. Some endoscopy suites are still to re-open and those that are open are running at approximately 50% capacity due to infection control procedures that are in place for the safety of patients and staff. Therefore, it is essential that where possible the GP provides a FIT as it is used to stratify the likelihood of CRC and flag the highest risk patients, in order these patients can be prioritised for their diagnostic procedure.

• Trusts are developing the capacity to provide FIT in secondary care, but this is not yet in place in all trusts. When a patient doesn’t have a FIT result the LGI service may ask that the referring GP arranges a FIT in order that they can triage the patient. In this situation please could the referring GPs arrange for the FIT to be completed and share the results with the requester in secondary care. Please do remind patients that that it is important that they perform the FIT immediately so as to reduce delays in secondary care.

• An immediate 2ww referral without a FIT result can be made if the GP finds that a patient has a rectal or anal mass, or anal ulceration. In this situation please highlight how the patient meets existing NG12 criteria and provide full clinical details of the reasons why you feel they need to be investigated in the “additional clinical information” box on the 2ww form.

• If you have any questions or difficulties with this please do contact lucy.mclaughlin@nhs.net cc’ing nclccg.nclperformance@nhs.net