Primary Care Toolkit: Symptomatic FIT and the Lower GI pathway

An information and resource pack to support with suspected lower GI cancers and the use of symptomatic FIT

Version: 1.0
Date of publication: December 2025
Date of review: December 2026

FIT overview

Thames Valley Cancer Alliance

Guidance:

- NICE have reviewed the Lower GI NG12 guidelines, and a revision was published 24 August 2023.
- National Cancer Waiting Times Monitoring Dataset Guidance v12.1. Refer to section 5.7.3 Specific guidance around application of Cancer Waiting Times guidance to FIT implementation

What is the potential of FIT in the management of patients with possible colorectal cancer?

- To access the correct pathway first time
- To reassure patients of their low personal risk of bowel cancer
- To triage those at greatest risk of bowel cancer to more urgent investigation
- To reduce the numbers of people accessing colorectal investigations which may be unnecessary and carry a risk

Screening and symptomatic FIT at a glance

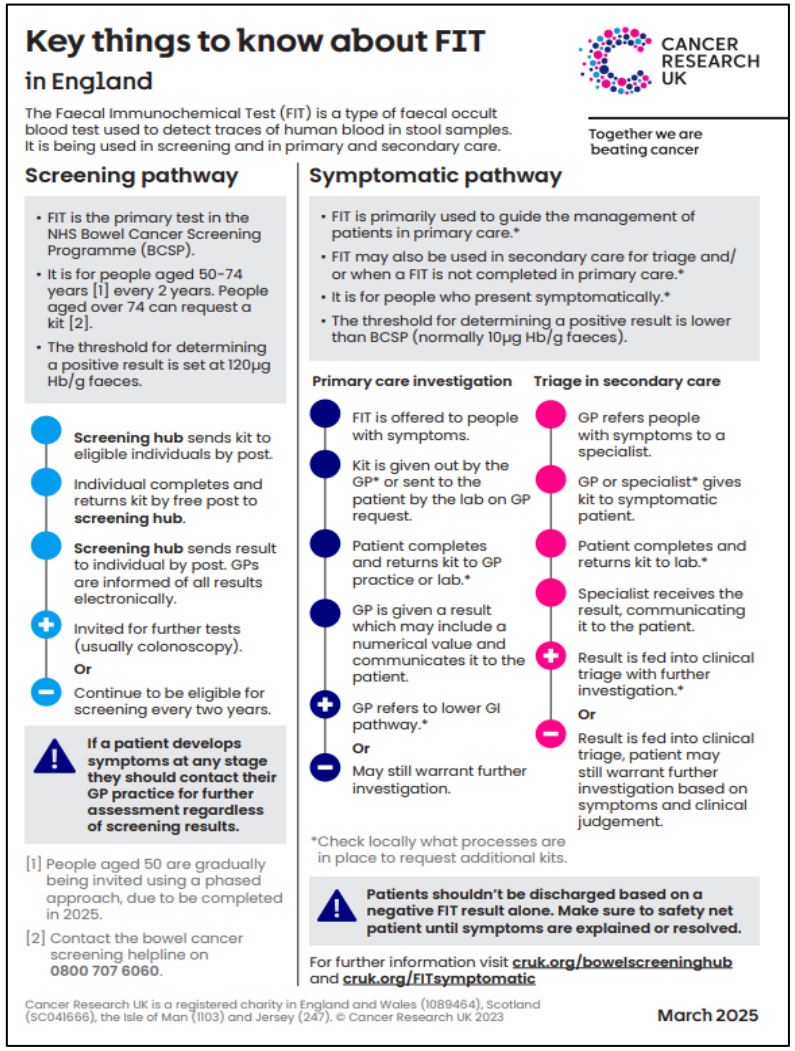
Thames Valley Cancer Alliance

	Screening	Symptomatic
Who	Assumed asymptomatic patients With age extension, 50-74 years	Symptomatic LGI patients aged 18 years and over
When	Offered every 2 years	Offered when patients present with **eligible signs and symptoms** of lower gastrointestinal cancer
Threshold	Threshold 120µg Hb/g for investigation eg 'positive screen'*	Threshold 10µg Hb/g for investigation eg 'positive result'

*A national programme is in development to lower the screening threshold to 80µg Hb/g (FIT@80). More detail will be shared as it is made available.

Any patient presenting with symptoms of suspected colorectal cancer with a negative screening FIT result, even if very recent, **MUST** be clinically assessed and have a symptomatic FIT if eligible.

DO NOT be falsely reassured by a negative screening FIT result because screening assumes that the patient has no symptoms and a positive screening FIT result is significantly higher



Key things to know about FIT in England

CANCER RESEARCH UK
Together we are beating cancer

The Faecal Immunochemical Test (FIT) is a type of faecal occult blood test used to detect traces of human blood in stool samples. It is being used in screening and in primary and secondary care.

Screening pathway

- FIT is the primary test in the NHS Bowel Cancer Screening Programme (BCSP).
- It is for people aged 50-74 years [1] every 2 years. People aged over 74 can request a kit [2].
- The threshold for determining a positive result is set at 120µg Hb/g faeces.

Screening hub sends kit to eligible individuals by post.

Individual completes and returns kit by free post to **screening hub**.

Screening hub sends result to individual by post. GPs are informed of all results electronically.

Invited for further tests (usually colonoscopy).

Or

Continue to be eligible for screening every two years.

If a patient develops symptoms at any stage they should contact their GP practice for further assessment regardless of screening results.

[1] People aged 50 are gradually being invited using a phased approach, due to be completed in 2025.

[2] Contact the bowel cancer screening helpline on **0800 707 6060**.

Symptomatic pathway

- FIT is primarily used to guide the management of patients in primary care.*
- FIT may also be used in secondary care for triage and/or when a FIT is not completed in primary care.*
- It is for people who present symptomatically.*
- The threshold for determining a positive result is lower than BCSP (normally 10µg Hb/g faeces).

Primary care investigation

FIT is offered to people with symptoms.

Kit is given out by the GP* or sent to the patient by the lab on GP request.

Patient completes and returns kit to GP practice or lab.*

GP is given a result which may include a numerical value and communicates it to the patient.

GP refers to lower GI pathway.*

Or

May still warrant further investigation.

Triage in secondary care

GP refers people with symptoms to a specialist.

GP or specialist* gives kit to symptomatic patient.

Patient completes and returns kit to lab.*

Specialist receives the result, communicating it to the patient.

Result is fed into clinical triage with further investigation.*

Or

Result is fed into clinical triage, patient may still warrant further investigation based on symptoms and clinical judgement.

*Check locally what processes are in place to request additional kits.

Patients shouldn't be discharged based on a negative FIT result alone. Make sure to safety net patient until symptoms are explained or resolved.

For further information visit cruk.org/bowelscreeninghub and cruk.org/FITsymptomatic

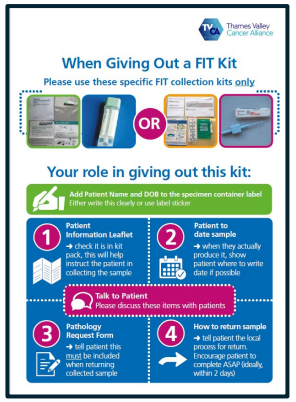
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March 2025

TVCA Lower GI Urgent Suspected Cancer Pathway: FIT use

Thames Valley Cancer Alliance

Top tip! Download the TVCA FIT admin poster





Practice level actions:

- Ensure you have a good supply of kits
- Make sure the correct tests are used
- Download our FIT poster
- Explain the importance of the test to patients to encourage them to complete.
- Explain that symptomatic patients should still complete a FIT even if they have recently attended their bowel screening. See CRUK's FIT Screening vs Symptomatic infographic
- **Labelling:** Add Patient Name and DOB to the specimen container label. Either write this clearly or use label sticker. Show the patient where to write the date on the sample
    - *this is important as if the date the sample was taken is not recorded clearly, the lab may assign the date the request was made. The haemoglobin degrades in the FIT tubes after 14 days. Labs can't take the risk of assigning the date of sample collection to the date it arrives in the lab because if this is a few days after the sample was taken and it falls outside the 14 day stability window, then there is the risk of false negative results being reported.*
- Patient leaflet: check it is in kit pack - this will help instruct the patient in collecting the sample or share patient resources that explain how to complete a FIT kit
- Pathology Request Form: tell patient this must be included when returning collected sample

Health professional education

Support your teams to understand the difference between screening FIT and symptomatic FIT by signposting to the following education opportunities:

- **GatewayC FIT resources**, GatewayC Colorectal Cancer module
- Check out Cancer Research UK **Symptomatic FIT page**
- **Be clear on the difference between screening FIT and symptomatic FIT**

TVCA Lower GI Urgent Suspected Cancer Pathway

Thames Valley Cancer Alliance

Adult presents with persistent bowel symptoms

Suspected IBS/IBD → Refer to your local IBS/IBD pathway
Check faecal calprotectin test if appropriate

FIT & Calprotectin
Have different roles in the patient with colorectal symptoms.
- FIT detects red cells to help decision making in suspected colorectal cancer
- Faecal calprotectin detects white cells to help decide between IBS & IBD. A negative calprotectin is 98% predictive for the absence of IBD. It is not helpful if colorectal cancer is suspected as may be raised in presence of colorectal cancer

Rectal mass
OR anal mass or anal ulceration.
***Request LGI investigations**

NG12 Lower GI symptoms with high suspicion of colorectal cancer:
- Abdominal mass OR
- Persistent Change in Bowel Habit (CIBH), OR
- iron deficiency anaemia (IDA)
- ≥ 40 years with unexplained weight loss AND abdominal pain, OR
- < 50 years with rectal bleeding AND either unexplained abdominal pain OR unexplained weight loss
- ≥50 years with any of the following unexplained symptoms: rectal bleeding OR abdominal pain OR weight loss
- ≥60 with anaemia even in the absence of Iron Deficiency

ASSESS, EXAMINE AND REQUEST LGI INVESTIGATIONS*

***LGI investigations:**
FIT, FBC, U&E, CRP, Ferritin, Cealiac

GP to request and assess FIT result before referral to secondary care

FIT should be offered even if the person has previously had a normal FIT result through the NHS bowel cancer screening programme since different thresholds apply.

Referral to an appropriate secondary care should not be delayed in the absence of a FIT result if there is strong clinical concern.

FIT ≥ 10 → **Refer on LGI USC pathway** → Triage by secondary care team taking into account tests including FIT level with red flag symptoms.

Secondary care to take forward appropriate investigations e.g. CTC, colonoscopy

FIT < 10

Cancer still suspected → **Consider other cancer pathway or Non-Specific Symptoms pathway (NSSP) where available**

GP Safety netting: If symptoms persist, consider Advice and Guidance, urgent/routine colorectal or other pathways

Refer to local system pathway where available e.g. IDA or rectal bleeding

Primary care

Secondary care

TVCA Lower GI Urgent Suspected Cancer Pathway: Safety-netting

Thames Valley Cancer Alliance

Safety-netting overview:

Symptomatic patients should be tested as per local cancer referral guidelines regardless of their participation and results in bowel cancer screening programme.

Equally patients should be encouraged to participate in bowel screening at their normal interval when they are invited even if they have had a negative FIT symptomatic test.

- Patients should be encouraged to notify primary and/or secondary care clinicians if their symptoms persist, change, or worsen (even where they have had a FIT result <10µgHb/g and have been discharged).
- Patients should not be left on patient tracking lists indefinitely, and there should be robust monitoring of numbers of patients categorised at different levels of priority and swift progression to follow on testing for all those who need it.
- In some cases, patients who have a FIT result >10µgHb/g or FIT result <10µgHb/g result, could have an underlying non-GI cancer. It is therefore important to be alert to the risk of non-GI cancer (for example ovarian or pancreatic cancer) in patients with unresolved symptoms.

Safety-netting and referral resources:

- CRUK Safety netting webpages
- E-safety-netting tools webpage
- CRUK Safety netting flow chart
- CRUK Safety netting summary of actions and top tips
- GatewayC Improving the Quality of Your Referral

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TVCA Lower GI Urgent Suspected Cancer Pathway: Safety-netting

Thames Valley Cancer Alliance

Safety-netting when a FIT test has been requested

- Code FIT test requested in the notes (tick box in Ardens Symptoms analyser) and run a practice report regularly looking for patients where no result has been received within 14 days
- Use of scheduled task as a reminder to look for the results- this could be by the individual clinician, cancer care coordinator or specific admin team
- Use of AccuRx to prompt patient to do the tests

When a FIT ≥ 10µgHb/g result has been received

- A report can be run regularly by the practice looking for patients with FIT ≥10µgHb/g who have not been referred via Urgent Suspected Cancer (USC) route.
- A report can be run by the practice to identify patients referred via USC where no correspondence has been received from the hospital 4 weeks after referral.
- Use of scheduled tasks by the clinician, Cancer Care Coordinator or specific administrative team to ensure patient has attended.
- Use of AccuRx to check patient attendance.
- Contact the patient to discuss results
- Make a USC referral and ensure bloods and FIT result attached

TVCA Lower GI Urgent Suspected Cancer Pathway: Safety-netting options

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When a FIT < 10µgHb/g result has been received

All patients should receive information about when to seek help.

Refer:

- Patients with an fHb <10 µg Hb/g but with persistent and unexplained symptoms for whom the GP has concern of cancer should be referred to secondary care for evaluation;
    - refer on a LGI suspected cancer pathway if there is very high clinical suspicion of **colorectal cancer** - this is the exception and the reasons for concern must be stated clearly on the referral form.
    - where cancers other than colorectal are suspected please refer on appropriate suspected cancer referral form
        - consider possibility of upper GI cancers in patients with iron deficiency anaemia
        - consider pancreatic cancer in patients with weight loss and change in bowel habit
        - consider possibility of an ovarian cancer in women over 50 where there is a change in bowel habit (perform vaginal exam, request CA125 and trans vaginal ultrasound
    - If patient is presenting with vague symptoms not suggestive of a specific tumour site, please refer to a Non-Specific Symptoms Pathway (NSSP)
    - If concerning symptoms persist consider alternative fast track pathways where available, eg Iron Deficiency Anaemia

Repeat FIT:

- It is not necessary to ask all patients with a FIT <10 µg Hb/g result to repeat their test, only those for whom you have ongoing clinical concern of cancer. Recent research has shown that patients with two FIT< 10 µg Hb/g results have a colorectal cancer risk of <0.04% (Hunt et al, 2021).
- If there is ongoing clinical concerns, consider a repeat FIT and reassess the patient in 8-10 weeks. Consider other causes of bowel change, check faecal calprotectin, consider other investigations/imaging e.g. CA125/ultrasound
- A scheduled task at 6 weeks could be set up by the clinician, cancer care coordinator or specific admin team to remind the patient to have the necessary repeat testing and further task set to ensure results received.

Consider advice and guidance

TVCA Lower GI Urgent Suspected Cancer Pathway: Safety-netting

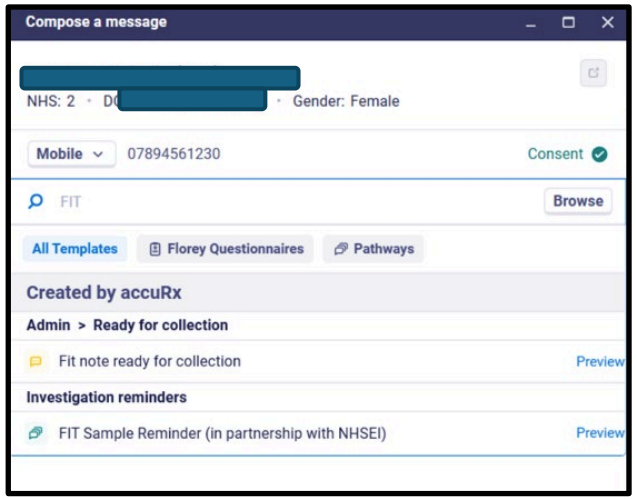
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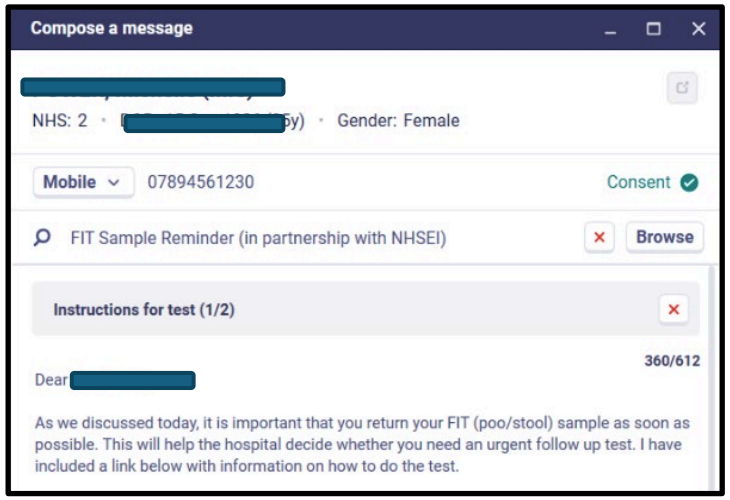
Make the most of AccuRx - Sample Reminder Pathway

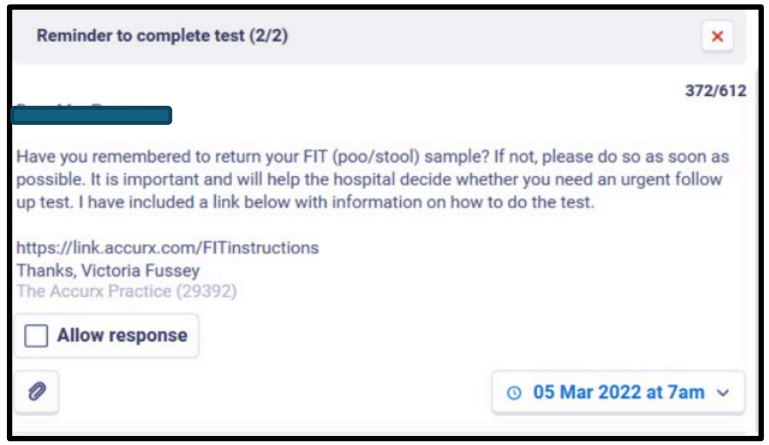
To help improve patient compliance of returning their FIT kit, there is an automated Sample Reminder Pathway now live nationally through the GP communication tool AccuRx. This means patients will receive a text reminding them to return their FIT test if they have not returned their sample after a certain time period.

This is a form of safety-netting and to use this, primary care health professionals will need to follow the **FIT Reminder Step-by-step Guide** when ordering a FIT test. This guide also shows a **video** of the steps on screen.

- Top tip! – include a link to the TVCA Symptomatic FIT Video in your text message – "For more information watch the Thames Valley Cancer Alliance video about the importance of completing your FIT test" Link to full length videos



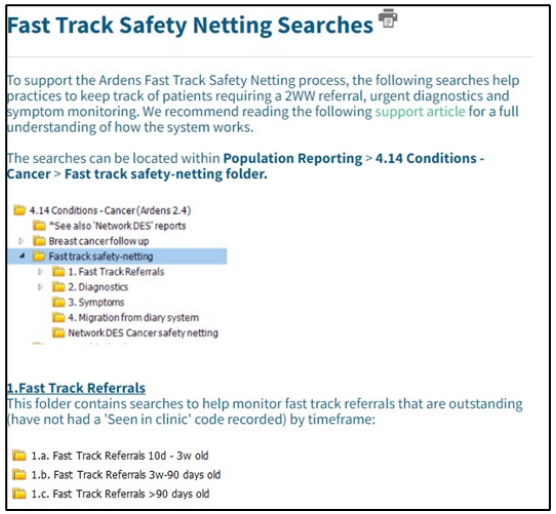


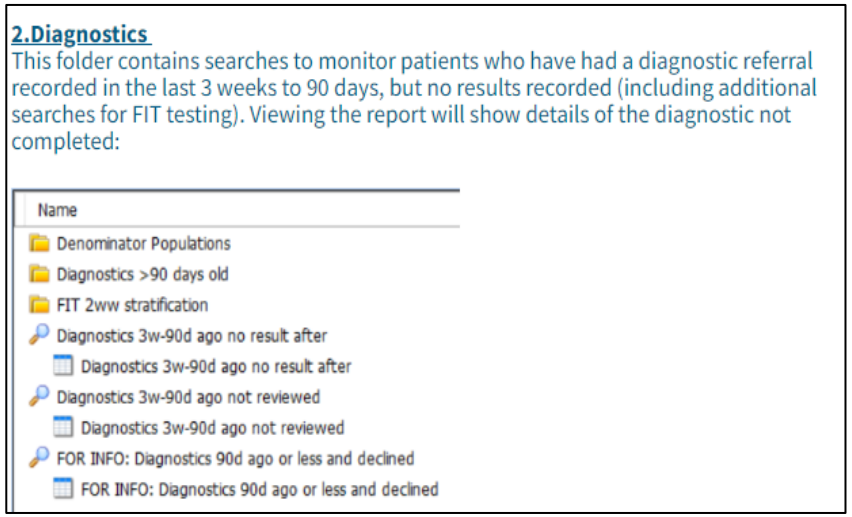


Ardens FIT searches:

ARDENS Safety-netting searches - FIT

- Ardens have produce a suite of searches designed to help practices to safety-net patients requiring an urgent suspected cancer (2WW) referral, urgent diagnostics and symptom monitoring among their patient population.
- To locate the searches access **Population Reporting** > **Ardens Searches** > **4.14 Conditions –Cancer** > **Fast Track Safety-netting folder**





Ardens EMIS Support Desk 08:30-18:30 Monday-Friday- https://www.ardens.org.uk/
Ardens SystmOne Support: support-systmone@ardens.org.uk
Ardens Manager Support: support-manager@ardens.org.uk

Accessible FIT communication resources:

Thames Valley Cancer Alliance

A new set of educational videos has been created to support Primary Care and help patients understand the importance of the correct and timely completion of symptomatic FIT testing. To make this information accessible to more people across the Thames Valley, the videos are available in:

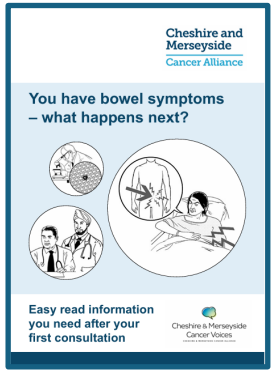
- British Sign Language (BSL)
- Hindi
- Polish
- Gujarati
- Nepali
- Punjabi



- Link to full length videos: https://bit.ly/screeningvideos
- YouTube link to reels for social or your waiting room display board

Other resources:

- The Southeast London Cancer Alliance have created FIT animations for both screening and symptomatic patients, available in 21 languages. To access, follow the link FIT Testing
- CRUK How to do a symptomatic FIT poster
- Signpost your patients to helpful information on the Cancer Research UK website
- Cheshire and Merseyside cancer alliance have created an Easy Read FIT information leaflet





Patient resource: Going for a colonoscopy:

Thames Valley Cancer Alliance

Your patient might feel anxious about attending a colonoscopy appointment. Bowel cancer UK have produced an animation to explain what a colonoscopy is and what's involved. **Click on the image to access.**

You could also signpost your patient to the Bowel Cancer website page Colonoscopy Confidence, or offer this helpful factsheet available in Welsh, Urdu, Bengali, Chinese (Mandarin) and Arabic.





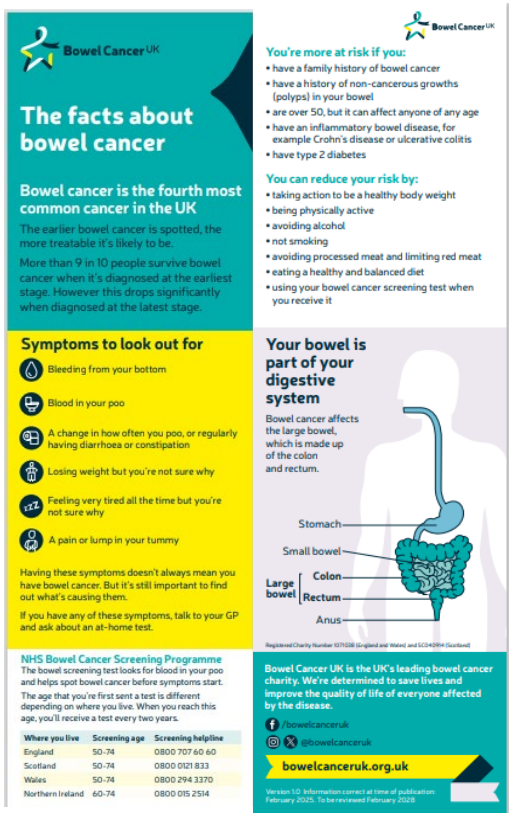
This video is also available to watch with Welsh, Urdu, Bengali, Chinese (Mandarin) and Arabic subtitles. To change the language, click on 'Settings' and then 'Subtitles'

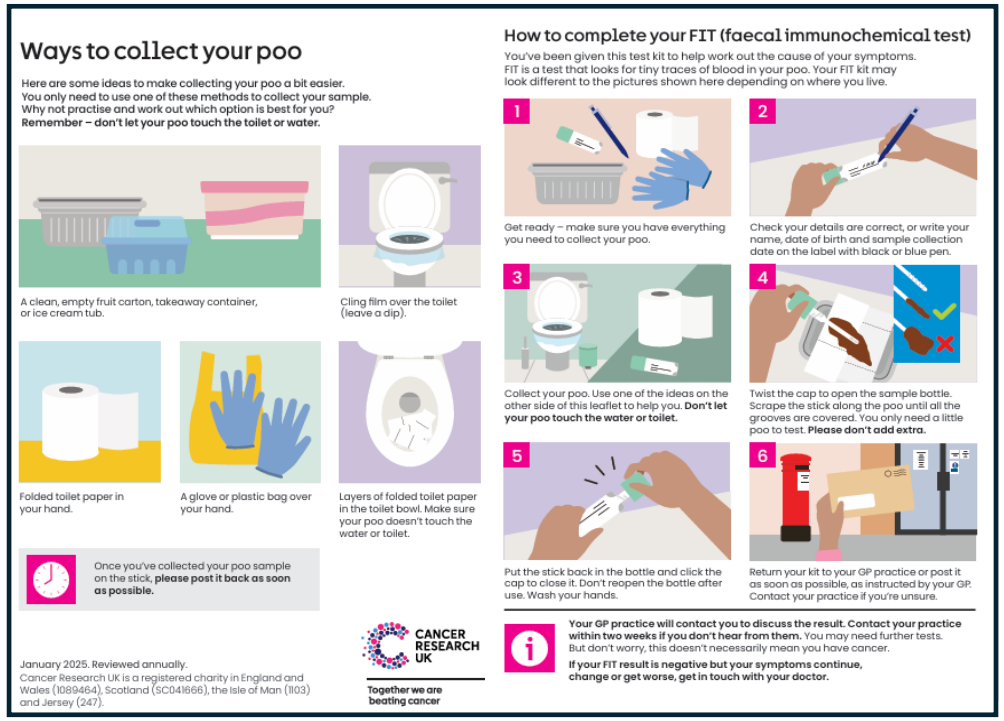
Bowel cancer and FIT resources:

Thames Valley Cancer Alliance

Click on the images below to access







Translated material:
Bowel cancer UK offer information in other languages including: Polish, Punjabi, Romanian, and Welsh.
Click here to access

FIT in the future: ColoFIT

COLOFIT is a risk-based algorithm intended for use in the pathway to assessing colorectal cancer. It is a development beyond the standard faecal immunochemical test (FIT) by combining the FIT result with other factors such as age, sex, and blood test results (like platelet count, mean cell volume) to create a more precise probability of cancer. The algorithm produces a probability that the person has colorectal cancer, which could help optimise the use of FIT to guide referral decisions for people with suspected colorectal cancer in primary care. This could ensure that people with the highest risk of colorectal cancer are referred, while people unlikely to have colorectal cancer can avoid colonoscopy, and so reduce the strain on colonoscopy services.

Next steps:

- The National Lower GI Risk Stratification Expert Advisory Group (EAG) is working with the British Society of Gastroenterology and The Association of Coloproctology of Great Britain and Ireland to publish initial guidance for ColoFIT use within the pathway. The national EAG constitutes many representatives from across the NHS, professional societies and the patient voices panel
- National guidance/ letter will recommend services initially implementing ColoFIT at 1%, however as more evidence is generated through service evaluation this threshold is likely to increase
- Services will be asked to develop local plans for threshold rises beyond 1%, seeking national input on plans to amend their local pathways (linking to the EAG), with clear evaluation goals in place to enable service evaluation
- The EAG will also be coordination an application for this to appear in future NICE guidance

Note: This information is correct as of publication of this document however could be subject to change. Further updates and revisions will be made as new information or guidance is communicated to cancer alliances.

IIF and coding

CAN-04: The proportion of patients who have had a lower gastrointestinal urgent suspected cancer referral in the reporting year where at least one urgent suspected cancer referral was accompanied by a faecal immunochemical test result, with the result recorded in the 21 days leading up to the referral.

IIF FIT – measure definition:

The schematic below shows how the numerator and denominator for the PCN DES/IIF indicator for FIT are calculated.

Numerator

Number of FIT test results recorded for patients who have had a fast-track referral for suspected lower GI cancer.

Could be coded manually by the practice on receipt of result, or automatically by the lab when they process the test or send the result to the practice.

The number of test kits handed/posted to patients has no effect on the numerator.

The test result (positive, negative, 25μg/g, etc.) has no effect on the numerator.

Denominator

Number of patients who have had a fast-track referral for suspected lower GI cancer.

e.g. $\frac{17}{21}$ = 82%

IIF FIT – measure definition:

Thames Valley Cancer Alliance

The schematic below shows how the numerator and denominator for the PCN DES/IIF indicator for FIT are calculated.

Numerator

[1049361000000101] Quantitative faecal immunochemical test (observable entity)

AND

[276401000000108] Fast track referral for suspected colorectal cancer (procedure)

OR

[892201000000106] Fast track referral for suspected lower gastrointestinal cancer (procedure)

Denominator

[276401000000108] Fast track referral for suspected colorectal cancer (procedure)

OR

[892201000000106] Fast track referral for suspected lower gastrointestinal cancer (procedure)

SNOMED codes:

There are a number of extra FIT-related SNOMED codes included in the NHS Digital raw data extracted from GP Extraction Service (GPES), which relate to patients who decline or should not routinely be offered a FIT test.

The use of these codes has no direct effect on the numerator or denominator described in previous slides. Inclusion in the numerator or denominator is based solely on the code ending 0101 from previous slides.

NOTE: patients with the codes listed below may occasionally have a FIT test anyway. If this happens then they will be given the code ending 0101 as described on previous slides and will therefore be included in the numerator on that basis.

NOTE: there is no exclusion code for abdominal mass.

Use Ardens 'Match the FIT Test Result to a SNOMED code'

Ardens have provided searches to monitor FIT IIF activity, and some practices may find patients who have had a FIT test result within the correct timeframe; however, they are not appearing in the results of the CAN-04/ LGI Urgent Suspected Cancer referral with FIT referral search.

This may be that the result is coming into your system not matched to a clinical code. To find out how to match codes **click here** for more detail

SNOMED codes:

Thames Valley Cancer Alliance

Cluster description	SNOMED concept ID	Code description
Codes for faecal immunochemical test not indicated	140536008	O/E - PR - rectal mass (finding)
	163326007	On examination - per rectum - rectal mass (finding)
	197225001	Anal ulcer unspecified (disorder)
	197227009	Anal and rectal ulcer NOS (disorder)
	20928004	Ulcer of anus (disorder)
	248523006	Rectal mass (finding)
	641331000000104	Anal ulcer unspecified (disorder)
	91105001	Stercoral ulcer of anus (disorder)
	254585003	Tumour of anal canal (disorder)

The role of the cancer care coordinator

Thames Valley Cancer Alliance

The Care Co-ordinators role requirements stated in the Network DES Contract can help to deliver many of the objectives expected of Primary Care for Cancer patients

A cancer care co-ordinators can:

- Support the delivery of cancer priorities within the Network Contract DES
- Support achievement of Quality Outcome Framework (QoF) Indicator
- Provide opportunities to support personalised care planning throughout the cancer pathway

They can do this by:

- Providing extra time and capacity, with a personalised patient centred approach;
- Providing expertise to support patients when preparing for clinical conversations;
- Following up discussions with primary care professionals;
- Working closely with the GPs and other primary care colleagues within the primary care network (PCN) to identify and manage a caseload of identified patients; and by
- Ensuring that a patient's changing needs are addressed.

For more information about Cancer Care Co-ordinators please click here to watch a webinar from Wessex Cancer Alliance

How can a cancer care co-ordinators support your patients?

Thames Valley Cancer Alliance

Prevention:
- Identify at risk populations through QoF Register: including obesity and smoking
- Lead on advertising preventative advice within surgeries, social media and websites
- Signposting to services (lifestyle/support)
- Coding

Screening:
- Identify low screening rates, non-responders, low participation groups
- Run searches through GP systems
- Make contact with patients to provide information and support/encourage uptake

Early diagnosis and safety netting:
- Arranging follow-up GP appointments, providing information and leaflets to patients
- Promote use of digital tools to aid decision making and safety netting
- Follow up patient groups that may not attend appointments
- Monitor completion of FIT
- Monitor suspected cancer referral and escalate breaches
- Audit PCN Safety Netting process
- Care navigation

Personalised Care:
- Coordinate care for anyone diagnosed with cancer in the practice (signposting)
- Prepare the patient for cancer care reviews
- Help maintain the palliative care register

For more information about the ARR roles please click on the links below:

Network Contract Directed Enhanced Service - Contract specification 2023/24 – PCN Requirements and Entitlements (england.nhs.uk)

Care Co-coordinator recruitment pack This contains a sample JD, person specification, sample advert and example interview questions

Workforce development framework

Competency framework