

# Briefing sheet

## ROLL OUT OF THE NEW BOWEL CANCER SCREENING TEST – FAECAL IMMUNOCHEMICAL TEST (FIT) BRIEFING FOR GPs:

### NOT FOR WIDER DISTRIBUTION

PAC reference **000603**

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#### Summary:

- This briefing is designed to support GP practice staff to prepare for the national roll out of the new bowel cancer screening test (faecal immunochemical test - FIT) into the NHS Bowel Cancer Screening Programme (BCSP) in England.
- It is important to note that FIT testing is also currently being introduced across England for some patients with symptoms that could indicate bowel cancer. Although the FIT kits used are similar (though may have different manufacturers), the screening and symptomatic pathways should not be confused as the sensitivities of the FIT kits will be different. More information about this is included in the attached FAQs.
- Significant progress since our last update has been made to implement FIT in the screening programme at a sensitivity level of 120µg/g. The five bowel screening Hubs, NHS Digital, and Public Health England have been working together alongside the suppliers to test various components of the new process.
- An initial roll out of for self-referrers commenced in **April** in the Southern Hub, followed by other regional Hubs throughout **May**.
- Full replacement of the current guaiac faecal occult blood test (gFOBt) with FIT for all new invitations across all Hubs in the NHS BCSP in England is planned to take place from **7 June 2019**.
- The main benefits of FIT are that it is easier to use - only one sample is required versus the current guaiac faecal occult blood test (gFOBt) which requires samples to be taken from three different stools. FIT, which will be rolled out at a sensitivity of 120 µg/g, is more sensitive than gFOBt and therefore able to detect signs of cancer earlier, saving more lives.

## Procurement:

The 'FIT kits' are supplied by Chrystal and images of the FIT kit can be seen below:



For a short period of time, a small number of gFOBt will continue in the system beyond June 2019; these tests will relate to those on the gFOBt pathway before June 2019 for whom the testing process has not been completed.

An assurance programme has taken place and confirms that there is sufficient capacity to support the increase in the number of screening endoscopies that are forecast to be required to deliver the rollout plan set out in this letter. This includes an expected increase in FIT uptake due to the tests being more acceptable to the public and easier to complete (as seen in the pilots).

Screening centres who might require additional support to increase their capacity are continuing to work with their regional NHS England and NHS Improvement teams to develop and deliver their action plans.

### What the Bowel Cancer Screening Programme will look like after June 2019?

- The new test (FIT) will be offered in the same way, ie men and women aged between 60 and 74 will be invited to take the test at home every two years.

### Next steps:

- This briefing is to help general practice staff to prepare for the rollout. (FAQs are included alongside this briefing to help staff answer questions about FIT from patients).

- The NHS Bowel Cancer Screening Programme will continue to provide a safe and efficient service for the public and gFOBt will remain in use throughout the rollout period and beyond June 2019 for a small number of participants.
- Public Health England is currently working with stakeholders to develop a range of supporting materials for patients and for clinicians. Further details about these resources is included in the FAQs.
- Cancer Research UK have some additional resources to explain the different uses of this new technology which can be accessed [here](#) or through their Facilitator network
- Questions about how to administer and complete the new FIT screening test should be addressed to the hub helpline on freephone bowel cancer screening helpline on 0800 707 60 60.  
***Other specific questions about the implementation of FIT should be referred to your local commissioners.***

ENDS

## FAQs for Screening helpline staff, PHE helpline staff and GPs

General information for participants and potential participants in the Bowel Cancer Screening Programme

### Q1 What is bowel cancer screening? What does it involve?

Bowel cancer is the [second largest cause of cancer deaths in the UK](#) and survival rates are greatly improved if an individual is diagnosed early. Bowel cancer screening aims to detect bowel cancer at an early stage, before people experience any symptoms, and when treatment is more likely to be effective. The later a diagnosis is made, the more difficult bowel cancer is to treat.

Bowel cancer screening can also identify polyps (small growths on the inner lining of the bowel), which are not cancerous, but may develop into cancer in future. Once identified they can be removed which reduces the risk of bowel cancer developing.

NHS bowel cancer screening is only offered to people of all genders aged 55 or over, as this is when you're more likely to get bowel cancer:

- if you're 55, you'll automatically be invited for a one-off [bowel scope screening test](#), also known as flexible sigmoidoscopy, if it's available in your area.
- if you're aged 56 – 60 you can self-refer for to the programme for flexible sigmoidoscopy, if it's available in your area, by calling the freephone helpline on 0800 707 6060.
- if you're 60 to 74, you'll automatically be invited to do a [home testing kit](#) every 2 years.
- if you're 75 or over, you can ask for a home testing kit every 2 years by calling the bowel cancer screening helpline on freephone 0800 707 60 60.

More information is available at [www.nhs.uk/conditions/bowel-cancer-screening/](http://www.nhs.uk/conditions/bowel-cancer-screening/)

### Q2 What is the main benefit of bowel cancer screening?

Having bowel cancer screening reduces your risk of dying from bowel cancer by at least 25%\*. Although bowel cancer is the [second largest cause of cancer deaths in the UK](#), survival rates are greatly improved if an individual is diagnosed early.

*(Reference Hewitson P and others (2008) Cochrane systematic review of colorectal cancer screening using the fecal occult blood test (hemoccult): an update. American Journal of Gastroenterology 103(6): 1541-9.)*

### Q3 What is the current bowel cancer screening programme in England?

The Bowel Cancer Screening Programme in England offers both:

1. The guaiac faecal occult blood test (gFOBt): offered to men and women aged 60 to 74 every two years and is offered as a test that is used at home. This test checks for tiny amount of blood in poo to find out if further tests are needed.  
This is the test that will be replaced by FIT.
2. Bowel scope screening: This is currently available to some men and women in England aged 55. Bowel scope screening uses a thin, flexible tube with a tiny camera on the end to look at the large bowel.

(Source: [BCUK](#) / [NHS Choices](#))

**Q4 What is the faecal immunochemical test (FIT) and how does it work?**

FIT works in a similar way to the current guaiac Faecal Occult Blood screening test (gFOBt) but is easier to use with only one sample required versus the current test which requires samples to be taken from three different poos. It is more sensitive as it detects tiny amounts of human blood in the stools that could indicate cancer or polyps (growths that can develop into cancer).

**Q5 Has there been a change in the age at which, and how frequently, people are called for bowel cancer screening?**

No. Currently bowel cancer screening is offered to people of all genders from the age of 60, with invitations automatically continuing every two years until they reach the age of 75. After reaching 75 people can ask for a screening kit, every two years by phoning the free bowel cancer screening helpline on 0800 707 60 60.

The GP computer systems automatically generate contact details for the invitation letter that is sent to people in the eligible age group, so it's important to ensure that your GP surgery has your correct name and address.

The UK NSC has made recommendations regarding future changes to the age range for bowel cancer screening. See <https://legacyscreening.phe.org.uk/bowelcancer> for further details. NHS England and Public Health England are considering how best to implement these proposals.

**Q6 Will bowel scope continue alongside the new FIT test?**

Yes, the NHS will continue to offer bowel scope across England.

Bowel scope, also known as flexible sigmoidoscopy, is a complementary procedure to the current bowel cancer screening programme. The one-off procedure is being offered to people of all genders at the age of 55.

It is usually carried out at an NHS bowel cancer screening centre by a specially trained doctor or nurse. The appointment could take around one hour, but the bowel scope is usually completed in less than 15 minutes, and looks at the lower parts of the bowel where most cancers are found.

More information about bowel scope is available online at [www.nhs.uk/conditions/bowel-cancer-screening/bowel-scope-screening/](http://www.nhs.uk/conditions/bowel-cancer-screening/bowel-scope-screening/)

**Q7 Will the new FIT test be used by people of all genders?**

The FIT kit will be used by people of all genders within the eligible age range and registered with a GP practice. Although men are at more risk of getting bowel cancer, it is not a gender specific cancer.

**Q8 Does the new FIT test differ to the FIT test used to detect symptomatic colorectal cancer (CRC)?**

NICE guidance currently recommends the use of FIT in patients presenting to primary care with low risk symptoms that might suggest colorectal cancer. The FIT tubes used for these are similar, and in some cases will be from the same company that provides kits to the screening programme. The thresholds used for referral to colonoscopy for symptomatic FIT are significantly lower (<10ug Hb/g faeces) than those used in the screening programme (120ug Hb/g faeces). Therefore the sensitivity of the symptomatic test is higher than the screening test, so if someone has a negative screening test they must be encouraged to complete their symptomatic FIT test kit.

## FAQs for screening centre staff, supporting services and GPs

Information for professionals

### **Q1 When will FIT rollout as part of the National Bowel Cancer Screening Programme?**

The English Bowel Cancer Screening Programme (BCSP) is a high-quality programme. Hubs have procured a new Faecal Immunochemical Test (FIT). An initial roll out of for self-referrers commenced in **April** in the Southern Hub, followed by other regional Hubs throughout **May**.

Full replacement of the current guaiac faecal occult blood test (gFOBt) with FIT for all new invitations across all Hubs in the NHS BCSP in England is planned to take place from **7 June 2019**.

Once fully rolled out, for a short period of time a small number of gFOBt will continue in the system; these tests will relate to participants who were on the gFOBt pathway before full implementation and for whom the testing process has not been completed.

### **Q2 When will the same sensitivity threshold be used in England and in Scotland, where FIT was rolled out from November 2017?**

NHS England plan to rollout FIT within the Bowel Cancer Screening Programme (BCSP) in a way that is sustainable and therefore safe for participants. An assurance process is underway to ensure that the sensitivity offer of 120 µg/g is operationally deliverable.

While the sensitivity threshold for FIT within the BCSP in Scotland is higher at 80 µg/g, sensitivity values are not directly comparable across the different FIT kits in use across Scotland and England. In England (unlike Scotland and Wales) an additional Bowel Scope Screening Programme is currently available to some men and women in England aged 55

After introducing FIT at the current sensitivity and ensuring the system continues to deliver a quality service, work will continue to ensure it is fit for purpose in the future. This includes the longer-term ambition to deliver FIT at the optimal sensitivity and screening at a younger age.

### **Q3 The sensitivity threshold in England (120 µg/g) is different to that in Scotland (80 µg/g), what else is being done in England to make sure that more bowel cancers are found earlier?**

The NHS in England offers Bowel Scope Screening which is additional one-off test for people aged 55 – this test is not available in Scotland. NHS England will continue to offer the one-off Bowel Scope Screen alongside FIT.

Our longer-term ambition is to deliver FIT at the optimal sensitivity and screening at a younger age.

**Q4 Why hasn't the age at which people are invited for bowel cancer screening reduced?**

Bowel cancer screening using a home testing kit is offered to people of all genders from the age of 60 in England. There are almost 40,000 cases of bowel cancer diagnosed each year, with [more than 80 per cent](#) found in people who are aged 60 and over\*. Maintaining the age at which people are invited for bowel cancer screening at 60 – 74, will enable FIT to be rolled out in a way that is sustainable and therefore safe for participants. An assurance process is underway to ensure our offer is operationally deliverable.

The risk of bowel cancer rises steeply from around the age 50-54. In response, bowel scope, a one-off procedure also known as flexible sigmoidoscopy, will continue to be offered to men and women at the age of 55.

Through the Be Clear on Cancer campaign people of all ages have a better understanding of the symptoms of bowel cancer and need for prompt reporting of symptoms to their GP.

Data available following the introduction of FIT will inform a longer-term plan of how and when to reduce the current screening age from 60 to 50 for optimum benefit.

(Reference: <https://publichealthmatters.blog.gov.uk/2014/12/05/why-do-we-see-gender-differences-in-bowel-cancer-screening/>)

**Q5 How confident are you that now the kit is ready that it will be able to be rolled out especially given the demands on the current workforce capacity?**

Rolling out FIT within the BCSP is a key deliverable in NHS England's Five Year Forward View, the Long Term Plan and the national Cancer Strategy. NHS England has supported the BCSP hub provider trusts to ensure kits were produced and ready to be delivered as quickly as possible, with the first kits being sent out in the Southern region from April 2019. We have undertaken an assurance process to make sure that the service has the necessary capacity safely to meet the additional demands resulting from new test.

Health Education England (HEE) developed its Cancer Workforce Plan, published on 5 December 2017, with full consideration of the additional workforce demands expected following the introduction of FIT.

**Q8 What assurance is there that there will be enough endoscopists to effectively deliver the screening service after introduction of the new FIT test?**



Screening centres were asked in summer 2018 to put in place and mobilise operational plans to ensure - or increase and ensure - adequate endoscopy capacity to deliver the screening service after the introduction of FIT into the Bowel Cancer Screening Programme. These operational plans, are based upon forecasted capacity, calculated using pilot data and additional capacity estimates from each screening centre.

Screening centres where existing capacity was judged insufficient have been contracting additional sessions of existing staff and/or training and recruiting additional staff to carry out the extra sessions, working with their Regional lead for FIT capacity to identify and tackle any barriers or delays to achieving the additional capacity.

NHSE Commissioning teams have responsibility for allocating 2018/19 funds to support mobilisation and making provisional arrangements for funding in 2019/20.

At a national level, NHS England continues to work with HEE to ensure sufficient availability of trained staff to meet the additional need and support our ambition to implement FIT in the National Bowel Cancer Screening Programme.

**Q9 An optimal bowel cancer screening programme requires adequate pathology capacity. What has been done to consider the impact on pathology and to ensure adequate capacity?**

Pathology capacity is part of the same NHS England assurance process as for endoscopy capacity. Regional leads receive screening centre plans for expanding capacity, seeking assurance to ensure sufficient workforce capacity is in place to match the implementation timescales. NHS England and Public Health England continue to work with HEE and the Royal College of Pathologists to identify new ways of working to improve efficiency.

**Q10 Where can I get more information and ask specific questions?**

To ask questions and find out more about the new FIT screening test and how to complete it, please contact the hub helpline on freephone on 0800 707 60 60.

Other specific questions should be referred to your local public health commissioners within NHS England.