Introducing qFIT - Impact of Education and Communications by the Cancer Research UK Facilitator Programme

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Background
Colorectal cancer (the third most common cancer diagnosed in Scotland) is also the second most common cause of cancer death (ISD). In 2016, NHS Greater Glasgow and Clyde (NHSGGC) had 482 colorectal cancer diagnoses - 62% were diagnosed at stages 3 and 4 [NHSGGC Annual Report].

Symptomatic FIT (qFIT) was introduced in NHSGGC on 3rd September 2018 with funding from the Scottish Government. qFIT can be issued to any patient presenting with new lower GI symptoms and no red flag symptoms.

Cancer Research UK Facilitator Programme Role
The Facilitator Programme was set up in NHSGGC in June 2014 in partnership with the Scottish Government’s Detect Cancer Early Team. It aims to drive improvement in cancer outcomes through locally tailored support for; prevention, screening, recognition and referral with health professionals in primary and secondary care.

The Facilitator Programme was well positioned to support the implementation of qFIT in NHSGGC because of our reputation and capacity to provide direct engagement with primary care. We joined the Programme Board to take a lead role in education and awareness raising of the new test and pathway - priorities are outlined below:

1. Work in partnership with the Programme Board to engage and educate primary care teams about the new pathway/test/setting
2. Target practices/clusters where levels of unanalysable tests are high
3. Provide insight from primary care teams perspective about successes and challenges faced including accessing tests, safety netting. Team has direct access to primary and secondary care to share feedback
4. Develop resources e.g. flyers, slides, FAQ’s, case studies, briefing papers, visual pathway, news updates
5. Provide insight to other NHS Boards planning to implement qFIT

Direct Primary Care Engagement
The contribution of the Facilitator Programme increased our credibility with primary and secondary care colleagues leading to high levels of engagement.

• 2 Primary/Secondary Care Education events attended by 126 GPs
• 26 practice visits, 5 GP Forums events, 6 cluster meetings, 1 GP trainee event and 1 GP locum session
• 98% of NHSGGC GP practices have used symptomatic FIT

Impact of Education and Awareness Raising
• 17,351 tests have been returned between September 2018 - June 2019 with 21.9% of results being abnormal
• 11,561 (78.1%) tests had normal results. Previously many of this group would have had lower GI endoscopies.

Figure 2. Cumulative total of qFIT tests from Sept. ‘18 – June ‘19

<table>
<thead>
<tr>
<th>Month</th>
<th>Total number of qFIT requests</th>
<th>Normal results &gt;10ug/g</th>
<th>Abnormal results &gt;10ug/g</th>
<th>Non-analysable tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>17.351</td>
<td>11,561 (78.1%)</td>
<td>3,236 (21.9%)</td>
<td>2,554</td>
</tr>
</tbody>
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Figure 3. qFIT Test Results Sept ‘18 - June ‘19

NHSGGC has experienced a significant problem with levels of non-analysable tests. Tests are unable to be analysed mainly due to inadequate labelling, contamination (faeces) on the outside of the test kit, wrong pot and expired kits being used. The Facilitator team is targeting practices with multiple tests returned being seen.

Challenges have been overcome with Facilitator insight and levels of non-analysable tests are reducing by 10.9% April-May-Jun

Key Challenges
• Demand for test kits outweighed supply for a few weeks resulting in frustration and risk of GP’s losing confidence in the test
• When a sample cannot be processed, the patient must redo the test, leading to unnecessary delays in a potential cancer diagnosis
• Monitoring of test kits not returned is problematic for many practices

Monitoring of test results analysed between September and November 2018, 686 (25.3%) of patients had positive results.

- 45 cancers were diagnosed
- qFIT between 10 – 400 ug/g ~ 19.8% have significant pathology
- Of 14% qFIT > 400 ug/g ~ 55% have significant pathology

Early results are encouraging but overall impact on colorectal outcomes for patients still unknown. Further results still to be published.

Conclusion
• Our education programme and insight has resulted in significant engagement with qFIT. Lessons are now being shared with other NHS Boards
• Face to face education sessions with practices and clusters have made the most impact
• Challenges have been overcome with Facilitator insight contributing to solutions
• Levels of non-analysable tests are reducing by providing further education with targeted practices

Acknowledgements
Our thanks to the qFIT Programme Board at NHS Greater Glasgow and Clyde