New Lower GI Symptoms Pathway (Covid Recovery Phase)

Dear Colleagues,

The COVID 19 pandemic has changed many of our working practices across all specialties. Work has commenced to restart some services, with a particular focus on prioritisation of those most in need.

Currently there are almost 3000 patients on waiting lists for colonoscopy across the Board area. This is made up of screening patients and also new referrals, of which there are around 80-100 per week. Implementation of the necessary changes in relation to physical distancing, PPE etc. has resulted in a marked reduction in capacity to deliver this investigation. At best it may only return to around 50% of previous capacity.

Most important in this is how we prioritise colonoscopy, particularly in the diagnosis of colorectal cancer. The use of QFIT test provides an effective and evidenced based method of prioritising patients and its use has been further endorsed this week in letter from John Connaghan, interim CEO NHS Scotland (attached).

A group of clinicians from Acute and Primary Care have collaborated on a new patient pathway for patients with now onset lower GI symptoms;

- Dr Jack Winter Consultant Gastroenterologist
- Mr Colin McKay Consultant Surgeon and Chief of Medicine GRI
- Dr Scott Davidson Consultant Physician and Deputy Medical Director for Acute
- Dr Alan McDevitt GP and Chair NHSGGC GP Subcommittee
- Dr Patricia Moultrie GP and Medical Director NHSGGC GP Subcommittee
- Dr Douglas Rigg GP and Clinical Lead West of Scotland Primary Care Cancer Network
- Dr Chris Johnstone GP and Associate Clinical Director Renfrewshire HSCP
- Dr John O'Dowd GP and Clinical Director Glasgow City HSCP
- Dr Kerri Neylon GP and Deputy Medical Director for Primary Care
- Lorna Kelly Head of Primary Care Support and Development
- Arwel Williams Director for Diagnostics and Regional Services

This work allowed significant opportunity to explore the issues currently facing Primary care and Acute services and wider discussions around risk, governance and safe patient care.

Patient Pathway

The updated pathway is based on the Scottish Referral Guidelines for Suspected Cancer and the Covid19 recovery recommendations paper for QFIT approved by the Scottish Government in July 2020 (www.cancererferral.scot.nhs.uk)

QFIT test is key to prioritising cases

We are recommending that QFITs are carried out on all patients with new lower GI symptoms as part of routine investigation in general practice. Urgency of investigation in secondary care will usually be based on QFIT result. Patients should be made aware that the urgency of their investigation is usually based on the QFIT result and therefore be aware of the significance of completing the test.

Urgent Suspicion of Cancer (USOC)

We are in agreement that QFIT cannot be made mandatory as there are some instances where a QFIT is not necessary or is not possible;

- Patient has a new rectal or abdominal mass (QFIT will not change priority)
- Patient is unable to carry out the test (Clinician should consider carrying out the test at the time of PR examination)
- Test is not available to the Primary Care clinician (Lanarkshire Practices referring to GGC services only)

It is recommended that the QFIT test is carried out as part of initial investigation.
Where possible this result should be included as part of the referral.
Where the result is pending but the referral is being made please indicate this on the drop down box on SCI gateway and this **result will be picked up during the vetting process for urgent and USOC referrals only**. Decisions around prioritisation of investigation cannot usually be carried out without the QFIT result.
Referrals made that do not follow the pathway may be downgraded to routine which may involve a significant wait to be seen.

Routine Referrals

Routine referrals should include the QFIT result
For routine referrals made with a QFIT result pending where a later QFIT result is high, a new USOC to colorectal or urgent referral to gastroenterology must be made as this will not be picked up in the vetting process.

Performance status is now important for test choice

Capsule colonoscopy is planned to be introduced as an alternative investigation for some patients. This requires far greater bowel preparation than usual colonoscopy and would not be appropriate in frailer patients. As such, assessment of the patient's performance status is important and the pre-existing fields should be completed on the SCI gateway referral form.

Review of current waiting list

For those patients who are currently on a waiting list for colonoscopy Acute colleagues will be contacting them and requesting they carry out QFIT tests in order to appropriately prioritise these procedures.

Training and support

Cancer Research UK have advised that they are able to support Practices with their QFIT processes and are able to provide patient leaflets describing the importance of the QFIT test.
There is also an offer of educational webinars to consider this pathway.
We would also recommend discussions between Acute and Primary Care colleagues when considering management of difficult cases and hope that this can be facilitated by a wider role out of Consultant Connect.

Future review of this pathway

Those involved plan to review the impact of this pathway in the next 8-12 weeks. Any adjustments will be agreed through a similar process. As this pathway is for the Covid Recovery Phase it will be reviewed when that ends.

It is important to recognise the significant work and collaboration that has occurred to develop this pathway and that we plan to use this type of interface work across Acute and Primary Care for ongoing pathway work.

Kind regards

Jack Winter, Consultant Gastroenterologist

Alan McDevitt, Chair of NHSGGC GP Subcommittee

Scott Davidson Deputy MD Acute

Kerri Neylon Deputy MD Primary Care