

FIT Compliance - Q2 2025 position

November 2025

Hosted by The Royal Marsden NHS Foundation Trust



Requirements for 2025/26

Investment and Impact Fund requirements (IIF)

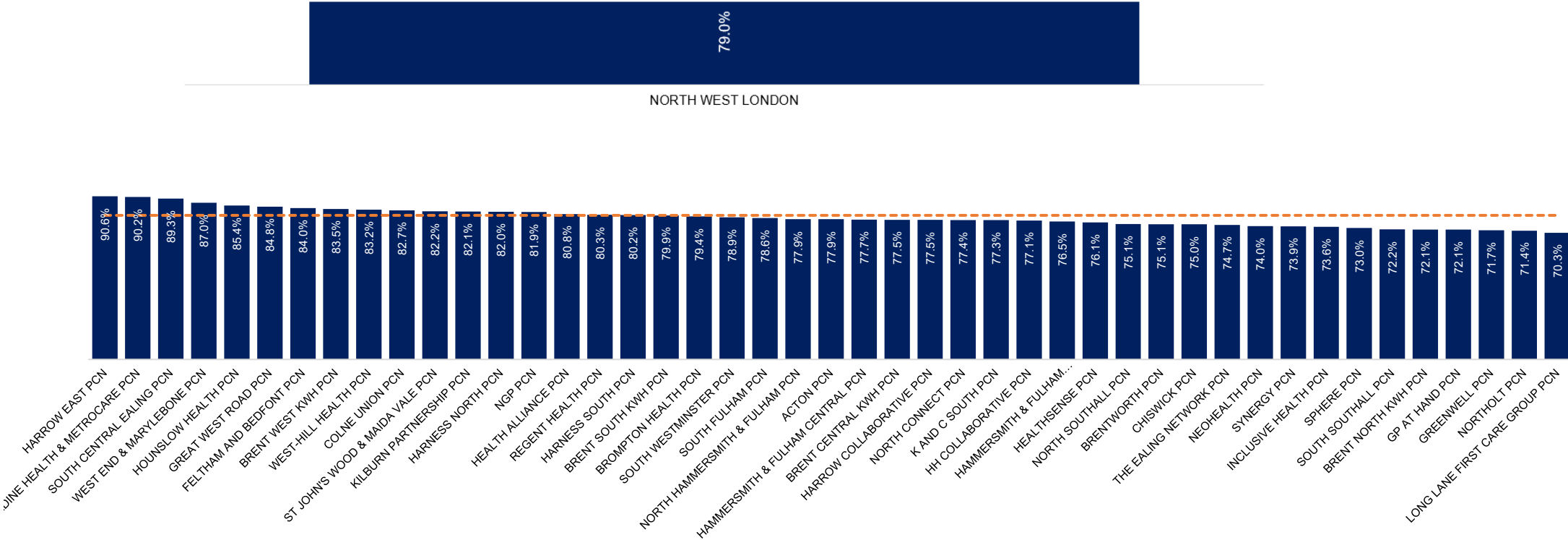
- Retained focus on FIT testing for cancer referrals to ensure that a greater number of patients with suspected lower gastrointestinal cancer will have 2WW accompanied by a FIT result.



Area	Indicator	Thresholds	Valuation
Cancer	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 twenty-one days leading up to the referral.	65% (LT), 80% (UT)	22 points

NWL Position as at Q2 2025/26

Target 80%



PPV of FIT at different levels attached (but overall if FIT>10 PPV is 16%) - use FIT to triage as much better as predicting/excluding CRC than symptoms alone

Symptomatic but without rectal bleeding	Positive predictive value for CRC	Actions required	Numbr of colonoscopies to identify one CRC
FIT > 400mcg/g	22.8%	High priority colonoscopy/ CTC	4
FIT >100mcg/g	17.9%	Less urgent colon investigation	
FIT 10-99mcg/g	est 1-10%		
FIT <10mcg/g	<0.7%	Consider other non-colon urgent investigation or low priority colon investigation or no investigation	148

Asymptomatic general population prevalence	<1%	Encourage participation in the National screening program
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Using FIT: guidance for practices

- Quantitative faecal immunochemical testing (FIT) is recommended to guide referral for adults with signs or symptoms suggestive of colorectal cancer (as outlined in recommendations 1.3.1 to 1.3.4 in NICE's guideline on suspected cancer, **excluding those with rectal mass**).
- Refer adults using a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer **i.e. they have a positive FIT result of at least 10 micrograms of haemoglobin per gram of faeces.** The risk of colorectal cancer in those with a negative result, a normal examination and full blood count is <0.1% ([B2005_i_Using-faecal-immunochemical-testing-lower-gastrointestinal-pathway_primary-care-letter.pdf](https://www.england.nhs.uk/publication/B2005_i_Using-faecal-immunochemical-testing-lower-gastrointestinal-pathway-primary-care-letter.pdf) ([england.nhs.uk](https://www.england.nhs.uk)))
- Safety netting processes should be in place for people:
 - who do not return a faecal sample
 - with a FIT result below 10 micrograms of haemoglobin per gram of faeces.
- If clinical concerns of cancer persist and you wish to make a referral on CRC pathway please either ensure that **the additional clinical indicators are included in the 2ww referral form or consider referring to an RDC** (making sure that all relevant clinical information is included in the referral.)

FIT Recording for Investment and Impact Fund (IIF) Indicator/DES delivery

Denominator	Number of lower gastrointestinal two week wait (fast track) referrals for suspected cancer. SNOMED Code: Provision of faecal immunochemical test kit (procedure) - (149421000000109)
Numerator	Of the denominator, the number of referrals accompanied by a faecal immunochemical test, with the SNOMED result code recorded in the twenty one days leading up to the referral. SNOMED code - Quantitative faecal immunochemical test (observable entity) - (1049361000000101) SNOMED Code: Provision of faecal immunochemical test kit declined - (149441000000102)

- To track FIT delivery, for each 2WW referral, a SNOMED code to indicate provision of a FIT Test to the patient should be recorded into the patients notes (Provision of faecal immunochemical test kit (procedure) - **149421000000109**)
- The IIF incentive is based on Quantitative faecal immunochemical test (observable entity) - **1049361000000101**.
Practice clinical systems will convert pathology laboratory results into SNOMED codes for automatic inclusion in patients records.
- If the patients declines the FIT test, this too should be recorded in the patients notes. (Provision of faecal immunochemical test kit declined - **149441000000102**)

BEST PRACTICE: Using AccuRx to support FIT completion

- The Accurx FIT pathway is now LIVE and should be available for GPs to use to improve patient completion of FIT kits prior to referral.
- Useful information on using Accurx on using is below:
 - **Step-by-step instructions** with a brief intro to what the messages are and how to use them can be found [here](#).
 - **A 3-minute video** which will guide you through how to set up the pathway can be found [here](#).

Key resources / support for patients

FIT Education

[FIT use and the colorectal cancer pathway - GatewayC](#)

[SELCA: Introduction to FIT for primary care | 10 minute overview](#)

Resources available to support patients

[SELCA NHS Bowel Screening Animated Patient Guide to FIT available in top 23 languages](#)

[CRUK - Ways to collect your poo](#)

[Faecal Immunochemical Test \(FIT\) for symptomatic patients Leaflets in different languages.](#)