

Sent by email: GP Practices in NWL & SWL

RM Partners

5th Floor
Alliance House
12 Caxton Street
London, SW1H 0QS

6th October 2025

Dear Colleague,

RE: NEW Gastrointestinal (GI) Urgent Suspected Cancer (USC) Stratified Pathway Implementation

We extend our sincere gratitude for your ongoing efforts in ensuring FIT compliance in attaching FIT result with lower GI USC referrals. This letter outlines the next steps, for the new combined gastrointestinal triage algorithm and FIT <10 pathway.

NHS England continues to monitor FIT metrics to identify areas for improvement in FIT delivery and compliance across cancer alliances throughout 2025/2026. The programme aims to reduce the number of patients referred on the LGI USC pathway with no FIT or FIT test results below 10 µg Hb/g.

NHS England Cancer Programme recommends safety-netting patients with FIT <10 in primary care. RM Partners have developed the 'Urgent Suspected Cancer: Combined Gastrointestinal Triage Algorithm,' including a new FIT<10 pathway, with input from clinical experts across north west and south west London.

The goal is to support effective, standardised nurse-led triage using the FIT result and other symptoms to appropriately risk-stratify patients, ensuring they receive suitable diagnostic investigations. This aligns with the NHS England colorectal best practice timed pathway, where senior nurse 'telephone triage' replaces the initial face-to-face appointment, allowing earlier access to diagnostics e.g. colonoscopy/CTCV within 14 days resulting in faster diagnosis within the NHS England target of 28 days.

Further details on the symptomatic FIT and the LGI pathway changes will be distributed as a GP Resource Pack (attached). A webinar by Dr Ana Wilson, Consultant Gastroenterologist, is available on the 'Gateway C' platform - [FIT use and the colorectal cancer pathway - GatewayC](#)

Key Changes with rationale:

- A FIT result <10 µg Hb/g indicates **very low risk** of colorectal cancer (<0.1%).
- These patients **do not require urgent lower GI referral** unless symptoms persist or worsen.

The New Pathway:

- **FIT ≥ 10** → Refer via lower GI USC pathway
- **FIT < 10 + persistent symptoms** → Reassess in primary care or seek specialist advice (via Advice and Guidance) if other symptoms of cancer consider non-specific site USC referral.
- **FIT < 10 + resolved symptoms** → Provide advice and safety netting.

RM Partners Cancer Alliance will continue to work with local delivery systems to support rollout and there will be ongoing communication specific to the pathways in your local area where necessary. We appreciate your continued support and dedication to improving patient outcomes. Thank you once again for your commitment and cooperation.

Yours sincerely,

Mr Alistair Myers

Consultant Colorectal Surgeon
Colorectal Pathway Group Chairs
RM Partners

Dr Ana Wilson

Consultant Gastroenterologist
Colorectal Pathway Group Chair
RM Partners

Dr Chris Groves

Consultant Gastroenterologist
Endoscopy Transformation Clinical Lead
RM Partners

Dr Anet Soubieres

Consultant Gastroenterologist
Endoscopy Transformation Clinical Lead
RM Partners

Dr Susannah Bloch

Deputy Medical Director
RM Partners

Dr Lucy Hollingworth

Deputy Medical Director
NWL Primary Care Clinical Director
RM Partners

Dr Lucy Sneddon

SWL Primary Care Clinical Director
RM Partners

Dr Tom Charlton

Clinical Programme Director

RM Partners

Dr Bushra Khawaja

GP Colorectal Primary Care Lead

RM Partners