

Putting NICE guidance into practice

Resource impact report: Quantitative faecal immunochemical tests to assess symptomatic people who are at low risk of colorectal cancer in primary care (DG30)

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Summary

Faecal immunochemical tests are recommended for routine adoption in primary care to guide referral for suspected colorectal cancer in people who have symptoms but are at low risk.

The guidance may lead to savings at a local level from a reduction in the number of colonoscopies performed.

Illustrative calculations of potential savings are shown in table 1.

Table 1 Illustrative potential resource savings if 1%, 5% or 10% of people who are referred from primary care to secondary care as a suspected colorectal cancer 2 week wait have a faecal immunochemical test initially

	Number	Cost £'000	Number	Cost £'000	Number	Cost £'000
Current practice						
People who meet the criteria for colonoscopy	302,643	121,965	302,643	121,965	302,643	121,965
Future practice						
Proportion of people who may have faecal immunochemical test	1%		5%		10%	
People who go directly from primary care to colonoscopy	299,617	120,745	287,511	115,867	272,379	109,767
People who have a faecal immunochemical test	3,026	15	15,132	73	30,264	146
People who have colonoscopy following a positive faecal immunochemical test	757	305	3,783	1,525	7,566	3,049
Total		121,065		117,465		112,962
Potential annual saving		900		4,500		9,003

This technology is commissioned by clinical commissioning groups. Providers are NHS Hospital Trusts through pathology networks and primary care.

1 Introduction

1.1 This report looks at the resource impact of implementing the NICE guidance on [quantitative faecal immunochemical tests to assess symptomatic people who are at low risk of colorectal cancer in primary care](#) in England.

1.2 The guidance states that:

- The OC Sensor, HM-JACKarc and FOB Gold quantitative faecal immunochemical tests are recommended for adoption in primary care to guide referral for suspected colorectal cancer in people without rectal bleeding who have unexplained symptoms but do not meet the criteria for a suspected cancer pathway referral outlined in NICE's guideline on [suspected cancer](#) (recommendations 1.3.1 to 1.3.3).
- Results should be reported using a threshold of 10 micrograms of haemoglobin per gram of faeces. Companies should provide advice about the performance characteristics of the assays to laboratories, and ensure standardisation of results.
- Commissioning groups adopting the OC Sensor, HM JACKarc and FOB Gold should audit their outcomes and monitor the associated resource use (see section 6.1).
- There is currently not enough evidence to recommend the routine adoption of the RIDASCREEN haemoglobin or the RIDASCREEN haemoglobin/haptoglobin assay in primary care to guide referral for suspected colorectal cancer in people without rectal bleeding who have unexplained symptoms but do not meet the criteria for a suspected cancer pathway referral outlined in NICE's guideline on suspected cancer (recommendations 1.3.1 to 1.3.3).

1.3 This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts through pathology networks and primary care.

2 Background of faecal immunochemical tests and the estimated eligible population

2.1 Faecal immunochemical tests, a type of faecal occult blood test, are designed to detect small amounts of blood in stool samples using antibodies specific to human haemoglobin.

2.2 Sometimes, blood in stools is not visible (faecal occult blood) so tests are used to detect its presence. There are 2 types of faecal occult blood tests, faecal immunochemical tests and guaiac based tests. Because the faecal immunochemical tests are designed to specifically detect human haemoglobin, they give more accurate test results than guaiac-based tests.

2.3 Quantitative faecal immunochemical tests can be used in primary care to triage low-risk symptomatic populations for suspected colorectal cancer referrals.

2.4 [NICE Suspected cancer guideline NG12](#) previously recommended that faecal occult blood tests should be offered to adults without rectal bleeding who: are aged 50 and over with unexplained, abdominal pain or weight loss, or are aged under 60 with, changes in their bowel habit or iron-deficiency anaemia, or are aged 60 and over and have anaemia even in the absence of iron deficiency.

2.5 Table 2 shows there are around 300,000 people each year who have [urgent GP referrals 2 week wait for lower GI cancer](#). An unknown proportion of these people would be defined as low risk.

Table 2 Number of people who are referred as 2 week wait referral for suspected lower GI cancer in England

Population	Proportion	Number of people
Total adult population of England		43,108,000
People referred to a specialist for suspected lower GI cancer by GPs	0.70%	302,643
People who go directly from primary care to colonoscopy	100%	302,643

2.6 The number of people eligible for faecal immunochemical testing each year should be assessed by organisations locally. The resource impact template includes illustrative figures that can be replaced with local assumptions.

3 Assumptions made

3.1 The resource impact template makes the following assumptions:

- The number of people referred from primary care as 2 week suspected lower GI cancer waits is used as a proxy for the population that the guidance applies to. The proportion of people that are at low risk of cancer is not known.
- All people referred under the current 2 week suspected lower GI cancer referrals have a colonoscopy.
- In future practice, only 25% of people who have a faecal immunochemical test would need colonoscopy. The other 75% are assumed to not be referred for colonoscopy. This is based on the economic analysis of HM-JACKarc in the diagnostic assessment review for this topic.
- The cost of colonoscopy is £403 taken from the 2017/18 National Tariff price for EZ51Z Diagnostic Colonoscopy, 19 years and over - outpatient.
- Table 3 shows the average cost of a faecal immunochemical test is calculated as the average of the individual test costs of OC

Sensor and HM-JACKarc. The average cost can be adjusted in the template.

Table 3 Cost of faecal immunochemical tests

Description	£
OC Sensor	4.53
HM-JACKarc	5.09
Average cost of faecal immunochemical tests	4.81
Note: The cost per test for FOB Gold has been excluded from the average cost calculation because it does not include the costs of the analyser because the analyser used is not specific to FOB Gold and can be used for other tests.	

4 Resource impact

- 4.1 The guidance may lead to savings at a local level from a reduction in the number of colonoscopies performed. Therefore, organisations are encouraged to evaluate their own practices against the recommendations in the NICE guidance and assess resource impact locally. The resource impact template includes illustrative figures that can be replaced with local assumptions.
- 4.2 In order to give an illustrative example of potential cost savings the current population of 2 week suspected lower GI cancer referrals has been used. The potential savings if 1%, 5% or 10% of the current referrals under the 2 week suspected lower GI cancer referrals have a faecal immunochemical test initially is estimated in Table 4.

Table 4 Illustrative potential resource savings if 1%, 5% or 10% of people who are referred from primary care to secondary care as a suspected colorectal cancer 2 week wait have a faecal immunochemical test initially

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5 Implications for commissioners

- 5.1 There may be a reduction in 2 week wait referrals for suspected lower GI cancer colonoscopies.
- 5.2 Faecal immunochemical testing falls within the programme budgeting category 02C.

About this resource impact report

This resource impact report accompanies the NICE guidance on [Quantitative faecal immunochemical tests to assess symptomatic people who are at low risk of colorectal cancer in primary care](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

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