



Resource impact statement

Resource impact

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Indicator

The percentage of urgent suspected colorectal cancer referrals accompanied by a faecal immunochemical test (FIT) result, with the result recorded in the twenty-one days leading up to the referral.

Resource impact

This indicator is based on one currently included in the health inequalities domain of the [Investment and Impact Fund \(IIF\) 2023/24](#) as CAN-02. Early data on achievement of the proposed indicator is available from the reporting of CAN-02, available for the first time in the [Network Contract DES June 2023](#). Overall achievement for the CAN-02 indicator was 57.3%.

[IIF CAN-01 data](#) as of March 2023 suggests the average practice of 10,000 patients will have 92 urgent suspected colorectal cancer referrals in a year.

This indicates that around 39 people per practice are not currently achieving the proposed indicator.

The proposed indicator is expected to lead to an increase in the number of cancer referrals accompanied by a FIT result, with the result recorded in the twenty-one days leading up to the referral. The capacity impact for all 39 additional people in a practice of 10,000 people to achieve the proposed indicator is estimated in table 1 below. These figures have been derived from the [resource impact template that accompanies DG56](#).

Table 1 Capacity impact for 39 additional people to achieve the proposed indicator

Capacity area impacted	Impact of change on capacity
Decrease in colonoscopy procedures	-26
Number of standard points saved based on 2 points per procedure	-52
Number of potential lists saved based on 10 points per list	-5
Increase in initial FIT tests taken	39
Decrease in CT scans performed	-2
Unknown further test(s)	-1
Additional GP appointments for safety netting	61

The main impact on primary care would be additional GP appointments for people who are safety netted following a non-return of a faecal sample or a FIT result below 10 micrograms of haemoglobin per gram of faeces. For a practice of 10,000 people just over 1 additional GP appointment per week would be needed. Secondary care would be expected to benefit due to an estimated 26 less colonoscopy procedures per year (approximately 1 less colonoscopy appointment every 2 weeks), for an average practice of 10,000 people.