



# Resource impact statement

Resource impact

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NICE has recommended quantitative faecal immunochemical testing (FIT) using HM-JACKarc or OC-Sensor to guide referral for adults with signs or symptoms suggestive of colorectal cancer. For full list of signs and symptoms please see the [NICE guidance](#).

FIT should be offered even if the person has previously had a negative FIT result through the [NHS bowel cancer screening programme](#). However, people with rectal or anal mass or anal ulceration do not need to be offered a FIT before referral. People with a result of at least 10 micrograms of haemoglobin per gram of faeces should be referred using a suspected cancer pathway referral for an appointment.

For people who have not returned a faecal sample or who have a FIT result below 10 micrograms of haemoglobin per gram of faeces:

- safety netting processes should be in place
- referral to an appropriate secondary care pathway should not be delayed if there is strong clinical concern of cancer because of ongoing unexplained symptoms (for example, abdominal mass).

The guidance aligns with recommendations from the Association of Coloproctology of Great Britain & Ireland and the British Society of Gastroenterology, and NHS England. The recommendations may lead to savings at a local level from a reduction in the number of colonoscopies performed. The level of these savings will be dependent on the extent to which NHS England's advice is currently being followed.

Due to a lack of robust data on current practice and the regional variation in current practice, the size of the resource impact will need to be determined at a local level. A [resource impact template](#) is available to help organisations estimate the resource impact at a local level.

Depending on current local practice, areas which may require additional resources and result in additional costs include:

- the number of additional quantitative FIT issued in primary care
- additional appointments in primary care 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
- additional capacity in laboratories to perform the additional FIT tests.

Implementing the guideline may:

- reduce the number of colonoscopies performed
- identify people who are most likely to have colorectal cancer. These people can be prioritised for referral to secondary care, while people who are less likely to have colorectal cancer can avoid unnecessary investigations
- reduce waiting lists for colonoscopies
- lead to improved consistency of best practice across the country
- lead to better health outcomes and care experience.

These benefits should also provide some savings to offset some of the potential costs identified above.

Colonoscopy services are commissioned by integrated care boards. Providers are NHS hospital trusts and primary care providers.