NICE National Institute for
Health and Care Excellence

Indicator development programme

NICE indicator validity assessment

Indicator IND267

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.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

Importance

Considerations	Assessment
The NHS Long Term Plan includes an ambition that the proportion of cancers diagnosed at stages 1 and 2 will rise from around half to three quarters of cancer patients by 2028. 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.	The indicator reflects a specific priority area identified by NHS England.
Cancer Research UK's incidence statistics show: • There are around 42,900 new bowel cancer cases in the UK every year, and bowel cancer is the 4th most common cancer in the UK, accounting for 11% of all new cancer cases (2016-2018). • The incidence of bowel cancer, and mortality from it, is higher in socioeconomically deprived communities. This is partly due to lower rates of screening uptake which means that people in these groups don't benefit from potential early diagnosis. • Bowel cancer incidence rates in England in females are similar in the most deprived quintile compared with the least, and in males are 9% higher in the most deprived quintile compared with the least (2013-2017). Around 630 cases of bowel cancer each year in males in England are linked with deprivation. • Incidence rates for bowel cancer are lower in the Asian and Black ethnic groups, and in people of mixed or multiple ethnicity, compared with the White ethnic group, in England (2013-2017).	The indicator relates to an area where there is known variation in practice. The indicator addresses under-treatment.

Early data on achievement of the proposed indicator is available from the reporting of CAN-02 (NCD123), available for the first time in the [Network Contract DES June 2023](#). Overall achievement for CAN-02 indicator was 57.3% lower than the annual achievement for previous CAN-01 (NCD112) in March 2023 (68.8%).	
[IIF guidance for 2023/24](#) states that comprehensive use of FIT is critical to improving bowel cancer survival in England, ensuring patients on the suspected colorectal cancer pathway can be diagnosed promptly and that available colonoscopy capacity is used in the most effective way. The risk of colorectal cancer in those with a negative result, a normal examination and full blood count is <0.1%. This is lower than the general population risk.	The indicator will lead to a meaningful improvement in patient outcomes.

Evidence base

Considerations	Assessment
[Quantitative faecal immunochemical testing to guide colorectal cancer pathway referral in primary care](#) (2023) NICE guideline DG56. [Suspected cancer](#) (2023) NICE guideline NG12, recommendation 1.3.1	The indicator is derived from a high-quality evidence base. The indicator aligns with the evidence base.

Specification

Considerations	Assessment
Numerator: The number in the denominator accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral. Denominator: The number of urgent suspected colorectal cancer referrals. Exclusions: None. Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines faecal immunochemical testing or where faecal immunochemical testing is not appropriate because of the presence of anal ulceration, anal mass or rectal mass.	The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.
To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator prior to application of personalised care adjustments. [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.	The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation. Available data does suggest that the number of eligible patients per average practice

	would be above this minimum number.

Feasibility

Considerations	Assessment
This NICE indicator is based on CAN-02 (NCD123) currently included in the IIF. Data is published monthly by NHS digital as part of the network contract directed enhanced service.	The indicator is repeatable.
Business rules for the IIF are available for CAN-02 which contain details of the fields required to extract the data.	The indicator is measuring what it is designed to measure. The indicator uses existing data fields.

Acceptability

Considerations	Assessment
The IIF has contained indicators on the provision of FIT prior to referral for suspected colorectal cancer since 2022/23. National consultation was not undertaken by NICE given previous support provided by stakeholders for the updated NICE guidance and roll out of FIT testing. The Indicator Advisory Committee were confident that the provision of FIT was within the control of general practice.	The indicator assesses performance that is attributable to or within the control of the audience
Data tables are published by NHS Digital to compare the performance of primary care networks and individual practices and assist in quality improvement cycles.	The results of the indicator can be used to improve practice

Risk

Considerations	Assessment
Given the inclusion of requirements for provision of FIT within national cancer pathways, the committee raised concerns that the indicator would soon become obsolete. It was agreed that the indicator should have a shorter review date than usual and will be reassessed within one year.	The indicator has an acceptable risk of unintended consequences.