

Specialty guides for patient management during the coronavirus pandemic

Clinical guide for triaging patients with lower gastrointestinal symptoms

16 June 2020, Version 1

On 29 April, [Sir Simon Stevens and Amanda Pritchard's letter](#) set out the second phase of the NHS response to COVID-19. This included stepping up non-COVID urgent services as soon as possible.

This guidance sets out how to manage patients with symptoms that might be due to colorectal cancer (CRC) and to identify those most in need of urgent investigation. It is important that patients with suspected colorectal cancer are able to access care. As such, GPs should continue to refer according to current [NG12 guidelines](#).

Guidance on the management of patients requiring endoscopy services has been published and can be found [here](#).

Prioritisation and triage of symptomatic patients referred on a 2WW pathway

To support appropriate referral from primary care, trusts should consider providing specialist telephone advice and guidance to GPs prior to formal referral and also to allow direct telephone consultations between patients and specialists.

Patient-reported symptoms together with blood test results (full blood count, ferritin, Urea and electrolytes and C-reactive protein), and the use of faecal immunochemical test (FIT) can be used to help clinicians prioritise referrals. Clinical teams will need to provide a triage process that reflects their local endoscopy and imaging capacity, including capacity from non-acute and independent sector provider sites.

Clinical guidance

From the published evidence, in the absence of iron deficiency anaemia, a palpable abdominal mass, rectal bleeding, or obstructive symptoms, a FIT <10ug/gm has a negative predictive value (NPV) for CRC of >95%. While the NPV and positive predictive value (PPV) of FIT test results 10-100ug/gm are unknown, preliminary

data (supported by data from our FIT pioneers sites) show that a FIT test >100ug/gm is associated with a 1:4 chance of CRC or other significant pathology.

Patients should be therefore be considered for further investigation in accordance with the following:

1. For urgent endoscopy or CT (CTC or plain CT)

- Early signs of a large bowel obstruction, eg lower abdominal pain and distension.
- Other NG12 specified symptoms with a FIT >100ug/gm who have not had a colonoscopy in the previous three years.
- Symptoms deemed by specialist GI surgeons/ gastroenterologists at the point of triage, to merit urgent intervention.

2. For prioritised endoscopy or colonic imaging: (CTC, plain CT or colon capsule endoscopy)

- NG12 specified symptoms, with a FIT 10-100ug/gm.
- Other NG12 specified symptoms with a FIT >100ug/gm who have had a colonoscopy requiring no further investigation in the previous three years.

3. For patients to be safety-netted on a patient tracking list

- NG12 specified symptoms, with a FIT <10ug/gm.

The utilisation of colonic imaging (colonoscopy, CTC or colon capsule endoscopy) for further investigation will depend on local capacity, clinical prioritisation and patient factors. Where colon capsule endoscopy is used, robust data collection and follow up processes must be in place.

While many patients with a FIT <10ug/gm will not require endoscopy, patients should not be discharged from the 2WW pathway on the basis of a FIT test alone, except in existing FIT pioneer service evaluation sites that were piloting the use of FIT before the COVID-19 outbreak.

Highly vulnerable patients

Patients who meet the referral criteria but who are clinically extremely vulnerable (shielded) from COVID-19 should be prioritised by specialist telephone advice.

Decisions about further investigation for this group must balance the risk of COVID-19 infection against the benefits of colonoscopy/CTC.

Enhanced planning is required when coordinating care for these patients.

Safety netting

Patients that do not require immediate investigation should be held on a patient tracking list (PTL) held by MDT co-ordinators for further management.

Appropriate safety netting should be put in place for these patients, to allow for a further clinical assessment should their symptoms change. Additional administrative support will be needed to coordinate and manage this process.

Patients for whom further investigation is deferred should be reassured that:

- their FIT result indicates that further tests are needed but this result is **not** usually caused by cancer
- due to the coronavirus (COVID-19) pandemic, their appointment for further tests will be booked at a later date.

The patient should be given clear information about who to contact if they develop new symptoms or if their existing symptoms worsen.

GPs should check that accurate contact information is held for all patients being held on a PTL and record the clinical safety netting advice given.

Infection control measures

In line with the [Operating framework for urgent and planned services in hospital settings during COVID-19](#) trusts should maximise opportunities to create physical and/or visible separation between clinical and non-clinical areas used by patients on a planned and elective care pathway and those on an urgent and emergency care pathway. Where possible, trusts should maintain consistency in staff allocation and reduce movement of staff and the crossover of care.

For day case endoscopy, individuals attending for lower GI endoscopy will be asked not to come in if they are showing symptoms and will need to follow guidance on social distancing in line with the process set out for outpatient appointments. Individuals attending for upper GI endoscopy may be asked to isolate and be offered a test, however this will be agreed by clinical teams locally and will be communicated to patients.

Staff providing or supporting any endoscopy procedures need to be provided with appropriate personal protective equipment (PPE), following [Public Health England's PPE guidance](#). This will also reduce the risk of nosocomial infection to patients.

Experts from the Health and Safety Executive and Public Health England have carried out a rapid review of the evidence supporting the use of PPE in healthcare and in the context of COVID-19. This guidance: [Research: review of personal protective equipment provided in health care settings to manage risk during the coronavirus outbreak](#) recommends the use of FFP3 respirators when caring for patients in areas where high risk aerosol generating procedures are being performed.

Acknowledgement

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