



# Targeted Lung Health Checks Programme update

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# Targeted Lung Health Checks Programme: Update to HWBB

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## **Introduction**

This report provides members of the Health and Wellbeing Board with an update on the Targeted Lung Health Checks (TLHC) Programme. In summer 2021, the former South Sefton CCG together with St Helens CCG was invited by the Cheshire and Merseyside Cancer Alliance to become a phase 3 pilot site for the national programme. Areas are prioritised for invitation based on lung cancer mortality rates. Locally Knowsley, Halton and Liverpool have previously gone live as phase 1 and 2 sites. This paper describes progress from the key workstreams involved in preparing for operational readiness. We expect that the first lung health checks will be offered in south Sefton from early January 2023.

The Programme's governance and reporting structure is included within the Appendix.

## **Background**

The Targeted Lung Health Checks (TLHC) Programme is a new and ground-breaking flagship programme of work funded by NHS England and which will contribute to the ambition of the NHS Long Term Plan to improve early diagnosis and survival for those diagnosed with lung cancer.

The National TLHC programme targets those most at risk of lung cancer and works with the NHS in local areas who have some of the highest rates of mortality from lung cancer.

The incidence rate for lung cancer in south Sefton was 1.35 times higher than the English national average for the period 2017-2019. Deaths from lung cancer for the same period were correspondingly higher, at 1.43 times the national figure, which suggests later stage presentation and diagnosis of lung cancer in our area.

The primary aim of the Programme is to detect lung cancers at an earlier stage where treatment and cure is more likely to be achievable. The intervention also serves as a key opportunity to promote smoking cessation to those who are current smokers and to enable the earlier detection of other cardiovascular and respiratory diseases.

It is estimated that:

- 30-40% of those invited will take up the offer of a lung health check.
- 60-70% of those attending for an initial check will be offered the low dose CT scan
- Around 2% of those having a CT scan will be found to have lung cancer
- Over 75% of those cases will be early-stage disease, which will enable a wider range of treatment options such as curative surgery to be offered.

NHS England is conducting a national evaluation to understand the impacts and economics of the programme and the findings will ensure an evidence-based approach to NHS England's longer-term strategy for wider roll out of a targeted screening programme of this kind. There is high likelihood that the programme will develop into the 4<sup>th</sup> national cancer screening programme alongside the breast, cervical and bowel programmes,

### **Pathway**

Anyone aged between 55 and under 75 who is recorded as a current or past smoker within their GP records is invited to participate in the Programme. A nurse- led lung health check is undertaken, usually virtually and a risk score calculated based on the individual's

medical, smoking, occupational and family history. Those deemed to be at higher risk of developing lung cancer are offered a low dose CT scan at a mobile unit located in a local community setting, typically supermarket car parks. Results are discussed at a multi-disciplinary team and the patient will then follow NHS pathways for further management of any conditions detected by the scan. Some patients will require repeat CT at 3- or 12-month intervals and all those with no abnormality detected are offered a repeat scan in 24 months. The full pathway is appended to this paper.

### **Updates from Key Workstreams**

#### **1. Contracting for the TLHC Provider.**

Former South Sefton and St Helens CCGs sought expressions of interest from providers to gauge the level of willingness and capability within the provider landscape to deliver the programme and to inform whether a full competitive tender would be required. Based on responses, which were scored against an evaluation framework, the decision was made to make a direct contract award to the Liverpool Heart and Chest Hospital NHS FT. This is the same provider commissioned for the Liverpool, Knowsley and Halton programmes. NHS South Sefton CCG Governing Body approved the decision in April 2022.

#### **2. Finance**

The phase 3 programme is nationally funded within an envelope of approximately £9.4M until 2025/26 for south Sefton and St Helens combined. The allocation is comprised of fixed costs and variable costs which are based on the numbers of CT scans undertaken. The majority of the funding will be utilised to commission the service from LHCH with a small proportion retained for project management costs, commissioning of smoking cessation and contingency. Data collected by Ipsos Mori as part of the national evaluation work includes capture of hidden costs such as time spent on the programme by non-dedicated staff across the system. This will be used to inform the viability of the programme as the 4<sup>th</sup> national cancer screening programme going forward.

### **3. Building infrastructure at Liverpool Heart and Chest Hospital**

Following confirmation of the contract, LHCH are now in a position to procure additional mobile CT scanning equipment and recruit to additional nurse and administration workforce in order to deliver the phase 3 programme in line with the rollout plan. A high-level version of the plan is included within the Appendix.

### **4. Commissioning of additional smoking cessation services.**

It is estimated that 20% of participants who take up the offer of a lung health check will be current smokers. Experience from other programmes suggests that 40% of those will accept an offer of referral to smoking cessation services following an enhanced intervention as part of the lung health check. Therefore, additional capacity needs to be established by the smoking cessation service to fulfil the increase in referrals that are expected from this programme and funding has been made available for this. Public Health leads as commissioners of smoking cessation services are undertaking this process. The commissioned service will be asked to report on uptake, access and quit rates specifically for the TLHC cohort.

### **5. Communications and Engagement**

#### **Public communications and engagement:**

The majority of the public communications and engagement around the TLHC programme in south Sefton and St Helens will be delivered by the Roy Castle Lung Cancer Foundation, with the support and input of the NHS Cheshire and Merseyside comms team in Sefton. The Foundation has previously worked on the national NHS campaign and other local campaigns such as those in Liverpool and Knowsley.

The campaign aims to raise awareness of the TLHC programme in south Sefton and target eligible patients in key rollout areas with geo-located comms and engagement activities, including:

- Development of a communications toolkit and press release including digital and print materials. An example poster is included within the Appendix
- Outreach to key media and community groups on and offline
- Community engagement events to promote lung health and encourage uptake of the TLHC offer
- Video content featuring local patient voices/case studies and clinicians
- Paid social media advertising targeting eligible demographics in key rollout areas

**Internal/GP engagement:**

A GP briefing document has been created to bring all practices up to date on the wider TLHC programme, how the programme will work and roll out across south Sefton and the asks that will be made to the practices in relation to patient data and public communications.

Further information to raise awareness and understanding of the programme has been shared in GP bulletins across the region.

Roy Castle Lung Cancer Foundation will also produce a primary care communications toolkit which will be shared with practices in the south Sefton area, to raise awareness of the programme among patients and encourage uptake of the TLHC offer to those eligible.

## **6. On-boarding of GP practices**

All practices in south Sefton have been ranked based on a composite risk score to calculate the likelihood of finding a lung cancer within the population of the practice. The first practices to be invited to participate in the Programme will be in Seaforth, Litherland and Bootle with Crosby and Maghull to follow over a 15-month period. Information sharing arrangements are required to allow Liverpool Heart and Chest Hospital to invite the target population and for LHCH clinicians to view agreed areas of the patient record as part of clinical assessment. In addition to lung cancers, there is a range of incidental findings likely to be detected by the lung check and scan. These include non-malignant respiratory conditions, cardiac disease and a small number of other cancers such as breast. Work is ongoing to streamline pathways for management of these conditions to ensure that the impact on primary care is minimised.

## **7. Programme timescales**

Based on a risk stratification of practices, a phased rollout plan is currently being developed. The timeline for the initial 6 practices in Bootle, Seaforth and Litherland is included within the Appendix and the more detailed plan for all practices will be available within the next month. The programme will alternate between small groups of practices in south Sefton and St Helens, giving time to evaluate the impact and experience of stakeholders before the next group of practices in each place is invited.

### **Appendix:**

The following documents are appended to this report.

1. TLHC programme governance structure
2. Patient pathway
3. Timeline for first 6 GP practices
4. Example poster