

Report to:	Primary Care Commissioning Committee
Date of Meeting:	25 th October 2019
Title of Report:	Targeted Lung Health Check (TLHC) Programme Update
Presented by:	Dr Vince Rawcliffe, Primary Care Clinical Lead TLHC
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STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input checked="" type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this report is to provide the Primary Care Commissioning Committee with an update on the implementation of the Targeted Lung Health Check Programme in Hull.

RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee note the contents of the report.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Short summary as to how the report links to the CCG's strategic objectives

Integrated Delivery

IMPLICATIONS: <i>(summary of key implications, including risks, associated with the paper),</i>	
Finance	The implementation of the Targeted Lung Health Check programme has been allocated NHS England & NHS Improvement resources.
HR	HR issues will be managed by the respective employing organisations for the programme.
Quality	National clinical protocols for the programme include quality requirements.
Safety	National clinical protocols for the programme include safety requirements.

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

The Targeted Lung Health Check Programme has a multi-agency Delivery Group overseeing the delivery of the programme. A Primary Care sub-group has developed the service specification and proposed remuneration for general practices.

Engagement work has been undertaken with the public to identify potential sites for the programme to be delivered from.

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

None.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
<i>Check with Rachel</i>	
An Equality Impact Analysis/Assessment is not required for this report.	
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

TARGETED LUNG HEALTH CHECK (TLHC) PROGRAMME UPDATE

1. INTRODUCTION

The purpose of this report is to provide the Primary Care Commissioning Committee with an update on the implementation of the Targeted Lung Health Check Programme (TLHC) in Hull.

2. BACKGROUND

Detecting more cancers early is a cornerstone of the NHS Long Term Plan, which sets out an ambition that 55,000 more people will survive cancer over the next ten years. Hull has been selected as one of ten pilot sites to implement the new NHS TLHC programme during 2019-20 to increase lung cancer early diagnosis rates.

People between the ages of 55 and 75 (74 years and 364 days) who are smokers or former smokers, live in Hull and have a Hull GP, are eligible for a lung health check and will be invited to attend a respiratory nurse-led appointment at a bespoke TLHC mobile unit in the community. For some people this will include an offer of an immediate low dose CT scan. All participants who are current smokers will be offered smoking cessation advice and support.

All lung health checks must be completed by end of March 2021 and the programme will commence in west Hull before moving to other parts of the city during 2020-2021.

Prior to the launch of the TLHC programme, a detailed service specification will be sent to all practices with guidance on:

- the service care pathway
- locally agreed exclusion criteria
- management of incidental findings
- the data sharing agreement
- promoting the TLHC programme

3. INFORMATION

The implementation of the TLHC programme is being managed through a Delivery Group, chaired by Dr Stuart Baugh, a Respiratory Physician and the Humber Coast & Vale Cancer Alliance Clinical Director. Representation from Hull CCG on the Delivery Group includes Board GPs, the Deputy Director of Integrated Commissioning and Associate Medical Director. A Primary Care sub-group of the Delivery Group has been established to progress the primary care elements of the programme.

Invitation to participate in the programme will be managed by a central team but to encourage uptake practices will be asked to provide practice logos for the letters sent to their patients.

Identification of eligible patients will be undertaken within practices through the PCN Business Intelligence Leads and with CCG programme support. Practices will then

be asked to review the list of eligible patients to remove any patients meeting exclusion criteria. Practices will also be asked to publicise the programme and encourage participation by eligible patients - material will be provided to practices to support this.

Practices and patients undergoing the check will receive information about outcomes of the check in line with the project clinical protocols. Where onward referral to secondary care services is indicated this will be undertaken without referral back to primary care. In the case of incidental findings such as a spirometry finding indicative of COPD, these will be referred back to the practice to manage in line with local pathways. Further work is being undertaken in relation to this in terms of anticipated numbers and potential workload.

The current draft General Practice Specification is attached as Appendix 1.

In recognition of the work being requested from practices a remuneration rate has been agreed by the Delivery Group based on 15p per eligible patient. The total cost is anticipated to be approximately £5,000 which will be resourced from the NHS England & NHS Improvement resource allocation to the programme.

4. RECOMMENDATION

It is recommended that the Primary Care Commissioning Committee note the contents of the report.