

Targeted Lung Health Check - General Practice Specification

1.0 Introduction

Hull has been selected as one of ten pilot sites to implement the NHS Targeted Lung Health Check (TLHC). The aim of the health check is to identify lung cancer early at a more treatable stage and thereby increasing years of survival following diagnosis. The health check must be implemented in accordance with NHS England's 'Lung Health Check Protocol'.

The pilot is offered to all residents of Hull registered with a Hull GP Practice aged 55 – 74 364 days and who has ever smoked. GP Practices across Hull will all have eligible patients and are asked to support the programme, specifically by the actions listed on page 3.

The TLHC Delivery Group has developed the project for local implementation and comprises all partners including; Humber, Coast and Vale Cancer Alliance, NHS Hull CCG, Hull University Teaching Hospitals NHS Trust, GP representation, and Public Health.

LHCs will be offered to all Hull GP Practice eligible populations based on a phased schedule. Practices will be asked to participate in the project for a finite amount of time - all lung health checks must be completed by end of March 2021. The programme will start in West Hull.

The project will be subject to rigorous national evaluation and includes a thorough minimum data set which is to be collected as part of this evaluation.

2.0 Aims

Hull has one of the highest lung cancer mortality rates in England, particularly within lower socioeconomic groups. Lung cancer death rates have a significant effect on the poor health outcomes and years of life lost in these groups, and contribute to the health inequalities within the city.

Through implementation of the Hull LHC we aim to detect more cancers earlier and narrow the health inequalities gap with the rest of England

We aim to:

- Define and find people at higher risk of lung cancer and offer these patients intervention and for some people, this will include an offer of an immediate low dose CT scan
- Offer all participants who are current smokers smoking cessation advice and support
- Identify a number of lung cancers at an earlier stage to enable early treatment and improve patient outcomes

- A number of pilots already taking place across the country have also been able to identify other respiratory disease at an early stage eg. COPD, Emphysema etc.
- Contribute to the developing national policy and evidence around the early diagnosis of lung cancer

3.0 Service description

3.0 Locally Agreed Exclusion Criteria

See Appendix 1

4.0 Lung Health Check Delivery Group Responsibilities:

- Procure the LHC Clinics, mobile facility, CT scanner and reporting of CT scans
- Procure the bookings service, i.e. to manage patient appointment bookings and upload clinic list to the mobile unit, follow up people who book in, but who do not attend their booked appointment, manage any follow up CT scan appointments at 3 months, 12 months and 2 years.
- Procure the LHC respiratory nurse team
- Facilitate respiratory nurse and radiologist training through the national NHSE programme

The Lung Health Check Delivery Group will like to work with General Practice to:

- run a search on SystemOne/EMIS to identify the eligible participants for the programme
- engage with the project and align clinical pathways, to ensure coordinated seamless care for the target population

5.0 General practices are asked to:

5.1 Provide Letterheads for Invitations

The Lung Health Check is reliant on good uptake rates (50% NHSE target). To support this General Practices are asked to provide a blank electronic copy of GP Practice letter, complete with logo, to the bookings team so that the invitation to the participant is sent on their own GP Practice letterhead. This is recommended in the NHSE Targeted Lung Health Check Protocol to encourage attendance. Please note that the contact telephone number for the practice will be removed and the Lung Health Check helpline will be added.

5.2 Publicise Lung Health Checks

Please help us to promote uptake within your practice population by actively encouraging eligible patients to attend the lung health check clinics, e.g. through promotion in the practice, by placing alerts on patients' records and discussing with them when they attend the Practice. A GP pack will be provided with copies of leaflets, digital assets, posters and further information in October to support promotion of the NHS Lung Health Checks. If uptake for the GP Practice is low the LHC team will provide support to the practice to drive uptake through meetings and in practice events supported by the Cancer Alliance and NHS Hull CCG engagement teams.

5.3 Manage Incidental Findings

The GP will receive information about outcomes of the Lung Health Check which are also communicated to the patient, in line with the project clinical protocols. In the case of incidental findings such as COPD, these will be referred back to the GP who should ensure referral onto appropriate pathways (See Appendix 2).

5.4 Run SystemOne/EMIS Search and Agree to Data Sharing

NHS Hull CCG will provide the search for SystemOne/EMIS to determine the cohort. Practices are asked to run the search, Hull CCG can offer support where necessary. Practices are also asked to sign and implement a data processing deed of contract which the Lung Health Check Programme will draw up. This is to enable us to safely share data across the pathway with HUTHT to access the appropriate level of patients' clinical records, and to protect all organisations in terms of data sharing governance.

5.5 Review the Patient List

Once the cohort has been determined, the Practice is advised to review any patients in relation to local agreed exclusion criteria (see Appendix 1) and remove patients as necessary who would not benefit from a LHC. This should be done within a sufficient timescale to enable invitations to be issued in a timely manner. Once the final cohort list has been finalised the data should be securely sent to the bookings team using nhs.net

Appendix 1

Locally Agreed Exclusion Criteria

1. People registered on the Palliative Care Register
2. People with a lung cancer in the previous 5 years

GP Practice may want to review and exclude patients who:

- a) Are Severely Frail
- b) Have metastatic cancer, but not metastatic prostate cancer
- c) Are resident in a nursing or residential care home
- d) Have multiple co-morbidities that the GP deems not suitable for LHC

DRAFT

Appendix 2

Incidental Findings Pathway

Primary care to manage – the majority of COPD and emphysema with advice, Bronchiectasis, Respiratory Bronchiolitis, Interstitial Lung Abnormality >80% predicted, most of CAC (see below), Asbestos related plural disease with advice.

Secondary Care – Nodules, Interstitial Lung Abnormality <80% predicted, Potential TB, Thoracic Aneurysms, CAC >300 and valve calcification

Need to clarify – Angina symptoms

