

7 November 2019		ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee		
Targeted Lung Health Checks Report		
Wards and communities affected: All	Key Decision: For information	
Report of: Sam Brown, Programme Director, Thurrock and Luton CCGs		
Accountable Assistant Director: N/A		
Accountable Director: Mandy Ansell, AO, Thurrock CCG		
This report is public		

Executive Summary

This paper provides the detail on the Targeted Lung Health Checks Programme of Thurrock CCG and is presented for information. The paper provides an update on:

- The background to the programme;
- The governance arrangements;
- Key programme roles;
- Funding arrangements;
- The co –designed service model aligned to the National Standard Operating Protocol - Publications Gateway Reference 08586 January 2019;
- Procurement arrangements;
- Communications and engagement;
- Risks and Issues.

Members are asked to note: Luton CCG information has been included to represent the joint programme delivery.

1. Recommendation(s)

- 1.1 The paper is provided for information and the Health and Wellbeing Overview and Scrutiny Committee is asked to note the report and to champion the rationale for the criteria population to participate in lung health checks.**

2. Introduction and Background

- 2.1 The aim of the Targeted Lung Health Checks (TLHC) Programme is to identify those at risk of developing lung cancer and increase the number of lung**

cancers diagnosed at an early stage by providing targeted low dose CT scans in a targeted population.

- 2.2 In February 2019 the East of England Cancer Alliance was awarded Cancer Transformation Funding by NHS England (NHSE) to implement Targeted Lung Health Checks in two nationally identified CCGs, Thurrock and Luton. There are fourteen sites in ten Cancer Alliances across England. Luton and Thurrock CCGs were identified for targeted funding due to high smoking prevalence, high lung cancer incidence, late stage lung cancer diagnosis and high morbidity rate.

	Luton CCG	Thurrock CCG
Total population size	223,000	179,000
Smoking prevalence	10% of population	9.8% of population
Successful quitters (Apr – Sept 2017)	863	427
Lung cancer incidence per year	Approx. 110 new cases	Approx. 100 new cases
Emergency presentations for (all cancers)	23%	20%
Early stage diagnosis (All cancers)	50%	52%
Stage 4 diagnosis for lung cancer	48%	56%
Lung cancer one year survival	39%	38%
Lung cancer under 75 mortality	41%	43%
Lung cancer most common cause of death	6 th	4 th

Source: CADEAS

- 2.3 Governance
A TLHC Joint Oversight Delivery Group was established in May 2019 and meets fortnightly and the CCG TLHC Project Teams meet monthly. A detailed delivery plan has been established in line with requirements from the National Cancer Programme Team.

2.4 Programme Roles

Names

Accountable CCG AO	Mandy Ansell Accountable Officer, Thurrock CCG
TLHC SRO	Dr Rory Harvey East of England Cancer

	Alliance
TLHC Oversight Delivery Group Joint Clinical Director / Chair	Dr James Ramsay, BLMK Clinical Lead, L&D Medical Director
TLHC Oversight Delivery Group Joint Clinical Director/ Deputy Chair	Dr Donald McGeachy, MSE STP Clinical Lead
Programme Director	Sam Brown
Programme Manager	Carol Ord
Communications Lead	Louise Banks, Head of Communication, Thurrock CCG

2.5. Funding

NHSE wrote to the East of England Cancer Alliance and Thurrock and Luton CCG Accountable Officers in January 2019 outlining the four-year funding profile for the TLHC Programme and confirmed in the Cancer Alliance 2019/20 Funding Agreement. Reference table below for original funding allocation:

CCG / £'000	2019/20	2020/21	2021/22	2022/23	Total
NHS Thurrock CCG	1,003	1,095	917	826	3,840
NHS Luton CCG	1,063	1,162	972	873	4,069

A National Cancer Programme Team finance paper dated 8th July 2019 outlined the financial arrangements and profile as a combination of two amounts: a fixed amount to cover the underlying infrastructure and a variable amount to cover the cost of the lung health checks and low dose CT scans.

The TLHC Programme is working towards delivering lung health checks from January 2020 and complete initial checks and scans by March 2021; the funding arrangement outlined is based on four principles defined by the National Cancer Programme Team that:

- Funding is not an artificial barrier to implementation;
- Projects have agreed delivery and financial plans in place;
- Projects submit timely and accurate monthly management information against plan; and
- Underspends are redeployed by the National Cancer Programme Team as early as possible each financial year.

The National Cancer Programme Team confirmed the same level of fixed funding each year of the programme, distributed at the end of Q1. £655k was transferred as the fixed funding allocation to the East of England Cancer Alliance in June 2019 for 2019/20 for the TLHC Programme and variable funding of £264 per low dose CT scan was confirmed.

Thurrock and Luton CCG Finance and Performance Committees have received and agreed a paper outlining the TLHC funding arrangements.

2.6 Finance Update

Following the confirmation of the fixed and variable finance model the TLHC Joint Oversight Delivery Group identified a potential shortfall from the original

four-year funding allocation of £1.52m. This was based upon the trajectory over the delivery period. Concern was raised that a variable rate has the potential to be high risk to organisations procuring equipment or services. This was escalated to the National Cancer Programme Team and assurance has been given that funding will not be an issue. A Memorandum of Understanding is awaited from the National Team.

2.7. Communications and Engagement

Led by the Communications Lead, a Joint Communication and Engagement Task Group meets monthly and a Joint Communications and Engagement Plan has been developed.

1. Thurrock and Luton Oversight and Scrutiny Committees have received papers and presentations.
2. Multiple local press releases have been issued and the TLHC website is live. <http://www.lutonandthurrocklunghealthcheck.nhs.uk>.
3. Promotional materials in readiness for the launch have been approved.
4. Healthwatch Thurrock and Healthwatch Luton are active members of the Communication and Engagement Task Group and presented at the second National TLHC Collaboration Event and NHS Expo 2019 and are featured in the National TLHC promotional video.
5. A partnership with Roy Castle Foundation with Mega Lungs organised for Lakeside Thurrock and Asda Tilbury in early October.
6. Programme Team visit to Manchester and Leeds pilot sites.
7. Twelve Team members completed the ACT Academy Transformational Change through System Leadership course.

2.8. Risks & Issues

A risk register and issues log is held by the TLHC Joint Oversight Delivery Group – Appendix 1.

The top six risks to the programme are:

1. Fixed and variable strategic funding model – associated potential funding shortfall and associated risk to procuring organisations.
2. Possible length of the procurement process impacting on start date.
3. Availability of mobile scanning unit from providers impacting on start date.
4. Timely mobilisation of two clinical teams for Thurrock and Luton localities impacting on start date.
5. Recruiting the right level of skills and experience for operational management.
6. Participant take up impacting on the number of LHCs and scans performed impacting on variable rate funding allowance.

3. Issues, Options and Analysis of Options

3.1 Service Model

The design principle, defined in the National TLHC Protocol is for people in the selected areas who are aged 55 to 74 with a smoking history (current smoker or ex-smoker) will be invited to attend a lung health check. The lung health check will be conducted by a lung specialist nurse and will involve discussion around lung cancer symptoms, a breathing test (spirometry) and smoking cessation advice (as appropriate). The results of this will then be used to calculate a person's individual lung cancer risk.

- Anyone at high risk of lung cancer will be invited to have a low-dose CT scan. The Thurrock and Luton TLHC service model will also deliver smoking cessation advice.
- The TLHC Programme Team has co-designed a service delivery model with participation from their wider local stakeholders based on predicted demand and capacity.

Thurrock CCG				Luton CCG			
Stage	No.	%	Comment	Stage	No.	%	Comment
Total eligible population	30,359	100.0%	Aged 55-74/364	Total eligible population	33,019	100.0%	Aged 55-74/364
Ever smoked	15,483	51.0%	Of Total eligible population	Ever smoked	13,967	42.3%	Of Total eligible population
Appointments booked	7,742	50.0%	Of Ever Smoked	Appointments booked	6,984	50.0%	Of Ever Smoked
LHC's performed	7,122	92.0%	Of Appointments Booked	LHC's performed	6,425	92.0%	Of Appointments Booked
Positive LHC's	3,988	56.0%	Of LHC's analysed	Positive LHC's	3,598	56.0%	Of LHC's analysed
Initial CT scans performed	3,869	97.0%	Of Positive LHC's	Initial CT scans performed	3,490	97.0%	Of Positive LHC's
Negative CT Scan - 24 months follow-up	3,196	82.6%	Of Initial CT Scans performed	Negative CT Scan - 24 months follow-up	2,883	82.6%	Of Initial CT Scans performed

Activity Impact of Cancers Identified				Activity Impact of Cancers Identified			
Findings	No.	%	Comment	Findings	No.	%	Comment
Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)	228	5.9%	Of Initial CT Scans performed (including patients requiring investigation after second scan)	Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)	206	5.9%	Of Initial CT Scans performed (including patients requiring investigation after second scan)
Cancers found	116	50.8%	Of Needing clinic investigation	Cancers found	105	50.8%	Of Needing clinic investigation
24 months follow-up	3,196	82.6%	Of Initial CT Scans performed	24 months follow-up	2,883	82.6%	Of Initial CT Scans performed
Patient needing clinical investigation following 24 month scan	77	2.4%	Of 24 month scans	Patient needing clinical investigation following 24 month scan	69	2.4%	Of 24 month scans
Cancers found at 24 months follow-up	50	65.5%	Of Needing clinic investigation	Cancers found at 24 months follow-up	45	65.5%	Of Needing clinic investigation
Total cancers found	166	N/A	Including those found at initial, 3, 12 and 24 months scans	Total cancers found	150	N/A	Including those found at initial, 3, 12 and 24 months scans
Surgery	85	51.0%	Of Cancers found	Surgery	76	51.0%	Of Cancers found

Source: National TLHC Trajectory Profile

- 3.2 Nine contributing factors informed the service model design:
1. The service model must align to the National Targeted Lung Health Check Standard Operating Protocol.
 2. A joint CCG model to support economies of scale.
 3. The geographic distance between Thurrock and Luton is approximately 65 miles.
 4. Limited CT scanning slots availability at both Basildon and Thurrock University Hospital (BTUH) and Luton & Dunstable Hospital (L&D).
 5. No capacity with current radiology reporting arrangements.
 6. Limited responses to a call for expressions of interest to other NHS organisations.
 7. No spare capacity within BTUH or L&D lung clinical teams to currently perform lung health checks.
 8. BTUH and L&D currently outsource radiology reporting to the same company (Everlite).
 9. The NHSE funding allocated does not allow for the cost of two mobile units.

- 3.3 Co-designed service model solution:
1. One shared mobile unit with low dose CT scan and technical clinical support – two weeks in Thurrock locality and then two weeks in Luton locality. Open six days per week 8:00 – 6.00pm.
 2. Two clinical teams – one in Thurrock locality and one in Luton locality (as one team across both localities was deemed not practical due to the geographic distance).
 3. Outsource of radiology reporting.
 4. A joint clinical model of incidental findings developed.
- 3.4 A soft launch of circa 200 patients will take place with two GP practices in Thurrock and Luton in late November / early December 2019 to test the process before a full launch with the procured mobile unit and clinical teams in January 2020. Both the clinical teams in BTUH and L&D have supported this testing.
- 3.5 Procurement
- Working with Thurrock and Luton CCGs, with support from their respective CSUs and NHS Supply Chain the TLHC Oversight Delivery Group has initiated the procurement process. Indicative costs have been defined.
1. A preferred provider has been identified to supply the mobile unit (Colbalt Health and Siemens Healthineers - <https://www.cobalthhealth.co.uk/cobalt-and-siemens-healthineers-are-working-to-develop-mobile-lung-cancer-screening>). The L&D have agreed to be the procuring organisation.
 2. The clinical teams will be sourced from existing community / acute providers as CCG contract extensions.
 3. Radiology reporting will be sourced from existing arrangements with provider Everlite.

4. Reasons for Recommendation

- 4.1 To ensure Members have an understanding of the Targeted Lung Health Check Programme in Thurrock and Members are able to champion the rationale for the criteria population to participate in lung health checks.

5. Consultation (including Overview and Scrutiny, if applicable)

- N/A

6. Impact on corporate policies, priorities, performance and community impact

- N/A

7. Implications

7.1 Financial

- N/A

7.2 Legal

- N/A

7.3 Diversity and Equality

- The programme will target the group of patients that have historically had the poorest health outcomes with lung cancer and in doing so, based on research, these outcomes will be improved.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

- N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- N/A

9. Appendices to the report

- Appendix 1 - Risk Register and Issues Log

Report Author:

Sam Brown

Targeted Lung Health Check Programme Director