

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 23 June 2021

Executive Member/Clinical Lead/Officer of Single Commissioning Board Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Dr Ashwin Ramachandra – CCG Chair
Jessica Williams – Director of Commissioning

Subject: **TARGETED NATIONAL LUNG HEALTH CHECKS**

Report Summary: This report provides an update on development of the Targeted Lung Health Check (TLHC) Programme within NHS Tameside and Glossop CCG (T&G CCG).
Targeted Lung Health Checks (TLHCs) will commence within T&G CCG on 05 July 2021, with Invite letters starting to go out in June. Low Dose Computed Tomography (CT) scans commence in August 2021.
Reports were presented and approved at the Strategic Commissioning Board on 27 November 2019, and 25 November 2020, detailing the preferred model of delivery, proposed contractual arrangements for governance and assurance purposes.

Recommendations: Strategic Commissioning Board be recommended to note the additional funding requirements and progress on the development of a fully managed ‘End to End’ TLHC service from Manchester Foundation Trust (MFT), who are the only tertiary provider of thoracic surgery within Greater Manchester.

Financial Implications: **Budget Allocation (if Investment Decision)**
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)
The funded Targeted Lung Health Checks programme covers all elements of screening and administration costs over the lifetime of the programme. However the associated subsequent costs of diagnostics and surgery are the responsibility of the CCG and NHSE/I Respectively.
The CCG’s H1 plan includes £200k to cover diagnostics in the first half of the year. Wider CCG funding arrangements from October onwards remain uncertain, however the TLHC’s form a key part of the GM Cancer strategy and will remain a priority area for funding in the future.

CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	s75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB

Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark

Following an update report detailing the revised start date from October 19 to January 20, this report provides further updates to the programme in the form of a revised start date of 05 July 2021, with Invite letters starting to go out in June. Low Dose

Computed Tomography (CT) scans will commence in August 2021.

The significant national funding to implement a programme of lung health checks in Tameside and Glossop over a 4 year period will still be available, although the profiling of this may be revised to support the change in activity profiling. The national funding package cover the screening and administration elements of the programme, but excludes diagnostics, surgery and on-going care.

It is likely that the programme will identify patients who require treatment, who we would not otherwise have been aware of in the short term. This may create short to medium term financial pressures but should generate savings in the longer term due to the direct cost of treating patients being identified earlier will be lower than the cost of treating a patient identified at a later stage of the illness who requires more invasive treatment.

The CCG has included £200k to cover reasonable additional costs to fund diagnostics and other associated activity as part of the H1 Planning process. The programme is still in the preliminary stages of rollout, therefore the aim is to adopt an 'open book accounting approach' to allow payments to flex up and down in accordance with actual cost of service delivery and actual activity. This will allow MFT and T&G CCG to work together to enable delivery of the LHC outcomes in the most cost effective way, thus setting the groundwork for future contracting discussions once a baseline for the future has been agreed.

By identifying patients who require treatment early, the paper suggests significantly improved health outcomes for patients and a corresponding increase in Quality Adjusted Life Years.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

It is critical that ongoing advice is taken from STAR in relation to the procurement of this service especially if modifications are required as set out in paragraph 1.10 of this report.

As with all contracts, it is critical that robust contract management is in place for the duration of the contract and that full benefit is made of the open book accounting approach to ensure that the service represents good value for money as well as delivering good outcomes for health.

**How do proposals align
with Health & Wellbeing
Strategy?**

The proposals align with the Living Well and Working Well and Aging Well programmes for action.

**How do proposals align
with Locality Plan?**

The proposals are consistent with the Healthy Lives (early intervention and prevention), enabling self-care, Locality based services strands and planned care services of the Locality Plan.

**How do proposals align
with the Commissioning
Strategy?**

The service follows the Commissioning Strategy principles to:

- Empower citizens and communities;
- Commission for the 'whole person';
- Create a proactive and holistic population health system
- Take a 'place-based' commissioning approach to improving health, wealth and wellbeing

- Target commissioning resources effectively

Recommendations / views of the Health and Care Advisory Group

HCAG (Reports on 08 May 2019, 14 August 2019 and 04 December 2019) were supportive and endorsed the approach taken in developing a local delivery model. HCAG to provide clinical oversight and support the development of clinical pathways and protocols.

Public and Patient Implications:

Residents who are invited to a Lung Health Check will be provided with information about the service, to explain why the benefits outweigh any risks; this will help them make an informed decision about having a Lung Health Check.

Targeted Lung Health Checks may identify cancer at an early stage or identify other incidental findings in residents who may not have been aware they have an illness.

Many of the cancers identified are at an early stage, are treatable and curable. Residents who have an illness will be supported to manage their condition and have access to interventions to help improve their lifestyle to ensure the best possible outcomes.

The National Standard Protocol provides inclusion and exclusion criteria which may limit access for some of our residents. To ensure everyone has access to the support services they need a local campaigns and programmes of work will run alongside the LHCs to raise awareness of the signs and symptoms of cancer (and positive behaviour change programmes).

Quality Implications:

The service will adhere to the National Standard Protocol and Quality Assurance Standards. <https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf> www.england.nhs.uk/.../2019/02/C0699-tlhc-pathway-addendum.pdf

<https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-screening-for-lung-cancer-quality-assurance-standard.pdf>

The national TLHCs phased extension is estimated to identify 3,400 cancers (615 within NHS T&G CCG) at an earlier stage, many of which are treatable with curative surgery, which is anticipated to prevent 1,500 deaths nationally. These cancers would normally be identified 2 or 3 years later at a much later stage, with a poorer prognosis and may require palliative care.

How do the proposals help to reduce health inequalities?

Lung cancer is a major contributor to the inequality gap in life expectancy between affluent and deprived areas of the borough. This program aims to reduce early death from lung cancer and thereby contribute to a reduction in the inequality gap.

What are the Equality and Diversity implications?

The proposal will not affect protected characteristic group(s) within the Equality Act.

The service will be available to all residents regardless of ethnicity, gender, sexual orientation, religious belief, gender re

assignment, pregnancy/maternity, marriage/ civil and partnership.

What are the safeguarding implications?

There are no anticipated safeguarding issues.

**What are the Information Governance implications?
Has a privacy impact assessment been conducted?**

Information Governance protocols will be developed to ensure the safe transfer and keeping of all confidential information between the data controller and data processor. A privacy Impact has assessment has not been carried out.

Risk Management:

Risks will be discussed through the agreed governance process to ensure action plans are in place to minimise or mitigate any risks identified.

Access to Information :

The background papers relating to this report can be inspected by contacting Louise Roberts, Commissioning Business Manager

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INTRODUCTION

- 1.1 NHS Tameside and Glossop CCG (T&G CCG) was one of the ten areas initially selected by NHSE to deliver the Targeted Lung Health Check (TLHC) Programme over a four year period from 2019 to 2023 to a national standard protocol. Being nominated by Greater Manchester (GM) Cancer Alliance based on the following selection criteria, using Public Health Fingertips data:
 - Age Standardised Cancer Mortality rates per 100,000 (Tameside 88.68, GM 63.20 and NHSE 57.68 in 2014-16)
 - Directly standardised rates of Lung Cancer per 100,000 and (Tameside 120.6, NW 96.3 and NHSE 78.6)
 - Directly Standardised Lung Cancer Death rates per 100,000 (Tameside 85.4, NW 69.7 and NHSE 56.3)
- 1.2 Tameside has a high smoking prevalence at 17% (adults age 18 and over, 2019 Annual Population Survey) and this is one of the main risk factors for lung cancer includes smoking and age. Lung Cancer remains the biggest cause of premature death in GM with around 80 to 90% of lung cancers caused by smoking. The T&G TLHC programme will play a key role in the ambition to Improve Healthy Life Expectancy and increasing early intervention and reducing the risk of individuals requiring more invasive high cost intensive treatment for Cancer and other lung health related issues.
- 1.3 The role of TLHCs is to:
 - Increase identification of lung cancer and support early diagnosis (at an earlier stage, NHS Long Term Plan ambition).
 - Improve outcomes: increased one year survival and reduce the number of preventable deaths by diagnosing cancer at an earlier stage. Survival is better the earlier it's diagnosed, so places a strong focus on prevention and early diagnosis.
 - Reduce smoking prevalence and help people quit, this links to Curing Tobacco Addiction in Greater Manchester programme (CURE).
 - To promote pathways into positive behaviour change programmes, accessible locally.
- 1.4 TLHCs run alongside local campaigns and programmes of work to raise awareness of the signs and symptoms of cancer and other health issues to ensure everyone has access to the support services they need including social prescribing. They provide a community based service and deliver follow up care, closer to home (using existing pathways) unless more specialist services are required.
- 1.5 Following extensive engagement and consultation with key stakeholders and members of the public the preferred model of delivery for T&G CCG was to provide Lung Health Checks, Smoking Cessation and CT scans all in one place (One Stop) on a Mobile Unit based within the community, closer to where people lived (for example within their neighbourhoods). This preferred model is similar to the 'One Stop' model Commissioned by North Manchester CCG from Manchester Foundation Trust (MFT).
- 1.6 A GM LHC steering group was established on 18 June 2019, to include representatives from Providers, Commissioners, Health and Social Care Partnership, Specialised Commissioning and GM Cancer Alliance to ensure services align across GM, taking into account the complex interdependencies across GM relating to diagnostic and tertiary surgical capacity.
- 1.7 The complex issues relating to tertiary surgical provision and CT capacity needed to be resolved prior to commencing TLHCs within T&G CCG. The GM LHC Steering Group endeavoured to work through these complex interdependencies within the system and provide a GM governance structure for LHCs.
- 1.8 The original intention for T&G was to work in partnership with T&G ICFT and MFT (the tertiary surgical provider across GM), to develop pathways and protocols for delivery of the preferred model. The investment would then be transacted to T&G ICFT and providers would work

together to deliver a fully managed service and to align active pathways to ensure people receive follow up care closer to home, unless they need to travel for specialist services.

- 1.9 On 27 November 2019 and 25 November 2020, a report was presented and approved at the Strategic Commissioning Board, detailing the preferred model of delivery and proposed contractual arrangements for governance and assurance purposes. This report provides an update on development of the 'End to End' fully managed T&G CCG TLHC service from MFT. MFT are the only GM provider who can deliver this 'end to end' service (to include tertiary surgical activity) as the single GM tertiary provider for Lung and will provide continuity of provision across the two CCGs.
- 1.10 T&G CCG intended to vary the service specification into the existing MFT contract held by NHS Manchester CCG to which T&G CCG is an associate to sit alongside MHCC service specification; this contractual framework should have enabled NHS T&G CCG to work within NHSE phase 3 timeframes, to commence service delivery within 2020/21.

1. BACKGROUND INFORMATION

- 2.1 NHSE published Quality Assurance Standards in January 2020, setting out minimum quality requirements for service delivery, this included minimum training requirements for clinical staff, communications standards and clear guidance on the management of the key Incidental findings. The active pathways in place aligned with these standards.
- 2.2 TLHC programmes were paused from March 2020 due to COVID-19 and implementation of the fully managed 'End to End' T&G CCG TLHC service from Manchester Foundation Trust (MFT) was limited.
- 2.3 In June 2020, NHSE published the addendum to the National standard protocol in response to COVID-19; to recommend virtual initial TLHC assessments and removed the requirement to undertake spirometry or blood pressure assessment.
- 2.4 In June 2020 two other areas within GM were invited to be part of the TLHC national programme (taking the total to 23 national programmes) and funding provision (previously self-funded):
 - North Manchester CCG commenced service delivery in April 2019 providing a 'One stop' model to people aged 55 to 80 years of age and had ever smoked.
 - Salford CCG commenced service delivery in September 2019 providing LHCs in the community, on mobile Unit and CT scans in Salford Royal to people aged 55 to 74 years of age who were recorded as ever smoked or smoking status not recorded on the clinical systems.
- 2.5 TLHC programmes recommenced in August, following the publication of the Phase 3 planning guidance, which stated: 'All existing projects within the Targeted Lung Health Check programme to be live by the end of 20/21'.
- 2.6 In September 2020, NHSE released revised Clinical and evaluation data sets and MFT confirmed their intention to work in partnership with T&G CCG to deliver a fully managed TLHC service with capacity to accommodate additional tertiary surgical capacity and CT capacity (following lengthy discussions over an extensive period of time).
- 2.7 MFT continued to process their internal business case to support the approval process through governance, which was required prior to commencing TLHCs on behalf of T&G CCG.
- 2.8 In October NHSE, formally notified TLHC programmes that they would extend the length of the programme to March 2024 to accommodate the pause due to COVID-19. A revised two-year trajectory was submitted to NHSE on 9th October 2020 to indicate the first T&G TLHC

would commence on 1st February 2021 and the full roll out across the Locality would be completed by March 2022. This enables all Low Dose Computed Tomography (CT) scans required by the protocol to be completed by March 2024.

- 2.9 At SCB on 25 November 2020, approved the recommendation to commission the 'End to End' fully managed Targeted Lung Health Check service from MFT on a phased approach to delivery. Phase 1, mobile unit operating in the existing COVID-19 safe site at the Etihad with people from Denton, Hyde and Ashton invited (duration approximately 38.5 weeks). Phase 2 will extend to Stalybridge and Glossop and the sites location will be confirmed (duration approximately 24.5 weeks). Should the constraints of COVID-19 change the locations will be reviewed and if possible, a location within Tameside and Glossop will be used.
- 2.10 To deliver the TLHC programme within National timeframe (2 year phased planned roll out of the TLHC programme, with all follow up Low Dose CT scans complete by March 2024) MFT continued to work in partnership to enable Contract sign off and mobilisation of the TLHC programme, and to agree a revised start date in discussion with NHSE.

2. MODEL OF DELIVERY

- 3.1 The screening element of the Lung Health Checks, Smoking Cessation and CT scans will all be delivered in one place (One Stop) on a mobile unit close to where people live (when COVID-19 restrictions are lifted as detailed within the addendum, which is in place till March 2022).
- 3.2 MFT will work with providers across GM to ensure that people who require any follow up care, have the choice to receive this care closer to where they live except when support can only be delivered by specialist centres e.g. an incidental finding of an Mediastinal Mass or Aortic Aneurysm would require support from Wythenshawe Hospital.
- 3.3 There will be a phased approach to delivery with the Phase 1 site location for the mobile unit operating in the existing COVID-19 safe site at the Etihad with people from Denton. Phase 1 will also include Ashton and Hyde, sites to be confirmed. Phase 2 will extend to Stalybridge and Glossop and the site location will be confirmed. Should the constraints of COVID-19 change the location will be reviewed and if possible a location within Tameside and Glossop will be used.
- 3.4 To promote equity of access T&G CCG will include a provision to cover patient transport costs where transport is a barrier to accessing the service.
- 3.5 The process that will be followed is in line with the National Protocol (refer to Appendix 1).
- 3.6 Practices will provide a list of eligible participants following a data extract from their systems using a data quality search template (in accordance with the Data Protection Impact Assessments).
- 3.7 Participants will be invited for a LHC via the MFT service on GP endorsed letter heads, where provided.
- 3.8 MFT staff will contact eligible people and assess their risk of having cancer using a nationally developed tool; as this will take place virtually due to COVID-19 restrictions, spirometry will not be undertaken.
- 3.9 LHC participants who smoke will receive optional smoking cessation advice and support from a specialist nurse, again this could be virtual. The LHC service will establish strong links with

local services to ensure that participants continue to receive support from local services within the community.

- 3.10 People who require a CT scan will be invited to attend the mobile unit, situated in an adjacent room.
- 3.11 MFT will proactively manage the service on behalf of T&G CCG. Service operational procedures will be in place concerning the process and data collection in line with National timelines and requirements.
- 3.12 T&G CCG, GM Cancer Alliance and NHSE Cancer will have monitoring processes in place to ensure the service is running in line with the service specification incorporating all elements of the Standard Protocol. Clinical pathways will be in place between primary, secondary and tertiary services to manage incidental findings and ensure people have access to the services they need in the most appropriate setting.

3. DEVELOPMENTS AND UPDATES

T&G CCG continue to work with GM Cancer and GM colleagues from MHCC, MFT, Salford CCG, Salford FT, Specialised Commissioning, and Christie to ensure coordinated approach to delivery of TLHCs.

- 4.2 T&G CCG continues to work with partner organisations to develop pathways that incorporate TLHCs working to the revised National Standard Protocol (issued due to COVID-19 and in place to March 22).
- 4.3 MFT revised their internal Business Case in December 2020, following publication of the NHSE combined risk tool; to reflect the increase in the number of people who a Low Dose Computed Tomography (CT) scan. This delayed the approval process through governance, which was required prior to commencing TLHCs on behalf of T&G CCG, which in turn delayed the planned start date of February 2021.
- 4.4 The detailed Business Case included trajectories and approach required to ensure sufficient capacity across GM to deliver TLHCs within GM. Revised modelling detailed wider funding implications of delivering the TLHC programme, out with the national funding provided for community screening element of the TLHC programme, which does not include onward referrals, diagnostics and thoracic surgery. CCGs and Specialised Commissioning.
- 4.5 Additional costs associated with this programme (onward referrals, diagnostics and thoracic surgery) were factored into the Commissioning Intentions to manage activity relating to Lung Cancer and incidental findings; this will involve partner organisations and specialised commissioning which is out of scope for the programme. In 2020/21 T&G CCG commissioning intentions included a provision within the reserves for additional contracted activity at MFT to accommodate TLHCs (this fell short of the funding requested by MFT).
- 4.6 Funding issues relating to tertiary surgical provision and CT capacity needed to be resolved prior to commencing TLHCs within T&G CCG. The GM LHC Steering Group endeavoured to work through these complex interdependencies relating to onward referral, diagnostics and thoracic surgery within the system and provide a GM governance structure for LHCs.
- 4.7 On 24 February, GM LHC steering group members presented an update to NHSE to outline the key reason for the delays experienced in GM over the past 2 years, which resulted in the ongoing delays in T&G CCG, preventing the service commencing. The key reason for the delay within GM related to the extra activity generated through the TLHC service (onward referrals, diagnostics, 'incidental findings' and thoracic surgery), compounded in GM with three TLHC programmes in GM to consider.

- 4.8 Specialised commissioning colleagues are working with their NHSE/ I colleagues at a NW and national level to raise and address the concerns and financial implications arising from TLHC activity. To date this has not been resolved but specialised commissioning colleagues have given their support to progress with the low-level start in T&G.
- 4.9 In March 2021, MFT confirmed their commitment to joint working with T&G CCG to ensure screening commences no earlier than 01 June 2021.
- 4.10 MFT revised the financial modelling to develop a cost based profile for the service, showing comparative costs based on the National Payment by Results (PbR) tariff.
- 4.11 On the 23 April 2021, the CCG agreed to fund reasonable additional costs for diagnostics and other associated activity, relating to the Targeted Lung Health Check Programme and onward referral.
- 4.12 On 28 April 2021 MFT confirmed acceptance of their internal business case and ability to provide the managed service to T&G CCG (phase approach to delivery). MFT confirmed their intention to commence Targeted Lung Health Checks (TLHCs) within T&G CCG on 05 July 2021 (to commence in the Denton neighbourhood, see Appendix 2) with invitation letters starting to go out in June 2021. Low Dose CT scans will commence in August 2021.
- 4.13 As this programme is still in the preliminary stages of rollout, T&G CCG will adopt an open book accounting approach, which will allow payments to flex up and down in accordance with actual activity and the actual cost of service delivery. This will allow T&G CCG and MFT to work together to enable delivery of the LHC outcomes in the most cost effective way possible, while operational and financial models are developed.
- 4.14 Revised population modelling (based on data extracted from the practice register to provide the eligible population) has also taken place to reflect the combined risk tool developed by NHSE and evidence from the outcomes following MFT existing programmes. The differences are shown below. MFT revised the trajectories and have confirmed sufficient capacity in across GM in terms of diagnostics, onward referrals and treatment (refer to Appendix 3).

	Local revised modelling (provided by MFT)	National
Ever Smoked	64 % (Figures extracted from Practice systems)	54% ONS Published data
Ever Smoked, that take up the offer of a lung health check		54%
DNA	7.6%	8%
Attend a TLHC and are at risk (positive screen) and offered a low dose CT	74.9%	56%

5 NEXT STEPS

- 5.1 The following steps are required to prior to Contract sign off:
- Service Specification and DPIA and T&G CCG formal approval. Approved DPIA to be shared with practices.
- 5.2 Preparation for Go Live:
- Practices within the first phase to run data quality search, and provide data extract in accordance with the DPIA.
 - Practices to transfer data to Provider.
 - MFT to recruit the booking team.
 - MFT extended current CT provision to September 21 and varied specification to accommodate T&G ICFT. MFT to re-procure CT service (NHSSC advice 4 weeks) beyond that date.
 - MFT to agree and sign contracts to secure outsourcing for CT reporting.

- Briefing commenced to Primary Care to ensure they are fully aware of the service delivery model and any consequences and benefits for the practice.
- Communications materials development.
- National and Local Public Campaign to raise awareness of the signs and symptoms of Lung Cancer commenced.
- The initial site location for the service will be the existing COVID-19 safe site, the Etihad. NHS T&G CCG will make local adjustments to mitigate any barriers to access (for example transport). Phased approach is as follows; Phase 1 - Denton, Ashton and Hyde. Phase 2 - Stalybridge and Glossop.
- Mobilisation meetings between MFT and T&G CCG are continuing, to progress development of the programme.

5.3 National, GM and local stakeholders involved in the delivery of TLHCs, working in partnership to ensure a coordinated approach to delivery of TLHCs to support delivery of the NHS Long Term Plan and Phase 3 planning priority in response to COVID-19.

6 FUNDING AND ACTIVITY

6.1 The initial funding envelope available of £6.3m included a fixed element for staffing and a variable amount based on agreed trajectories. Since the initial plan was submitted, the extraction criteria has changed and therefore there is likely to be a higher variable cost element than previously anticipated. It is expected that this higher variable activity will be fully funded by the national programme.

6.2 Local modelling was previously based on the national modelling and assumptions; this may differ in T&G CCG and uptake may vary. Each programme receives £264 per CT scan to cover variable service line costs to include: CT scanning-including the cost of providing mobile capacity, Teleradiology, Consumable costs associated with the lung health check, travel and other costs including legal.

6.3 The CCG has included £200k to cover reasonable additional costs to fund diagnostics and other associated activity as part of the H1 Planning process. The programme is still in the preliminary stages of rollout, therefore the aim is to adopt an 'open book accounting approach' to allow payments to flex up and down in accordance with actual cost of service delivery and actual activity. This will allow MFT and T&G CCG to work together to enable delivery of the LHC outcomes in the most cost effective way, thus setting the groundwork for future contracting discussions once a baseline for the future has been agreed.

6.4 Indicative modelling in November 2020 indicated total costs of £6,589,304 based on (18,124 scheduled LHC appointments and 11,630 planned CT activity). NHSE recoup any unspent allocated monies, spend in 2019/20 this was £58,000 and £4,000 in 2020/21. For more in depth analysis, please see both **Appendix 3 and 4**.

7. CONCLUSION

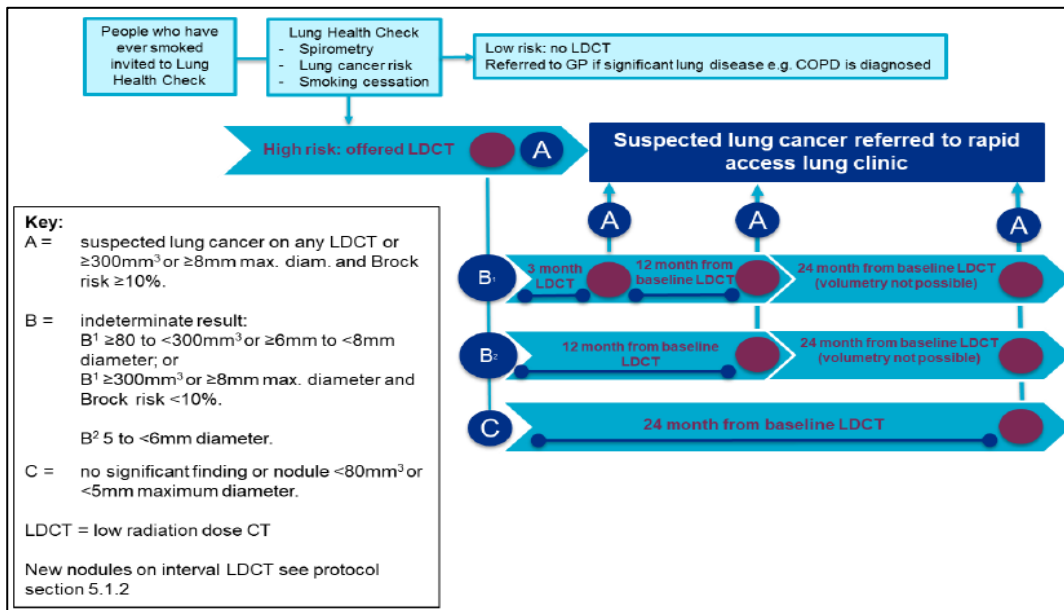
- 7.1 The change in model due to COVID-19 will enable T&G CCG to deliver the TLHC programme as required and increase the opportunities for early identification and treatment of health issues that left undetected would adversely impact on an individual's Healthy life Expectancy. Progressing this programme is a key priority for the Strategic Commission and a Long Term Plan commitment.

8. RECOMMENDATIONS

- 8.1 As set out at the front of the report.

APPENDIX 1

Lung Health Checks National Programme, Pathway Model



APPENDIX 2

Indicative Modelling

Neighbourhood	Eligible Population	Ever Smokers	TLHCs	Indicative Roll Out of TLHCs
Phase One				
Denton	5324	59%	1448	07/07 – 01/12/21 (21.5 Weeks)
Ashton	12280	62%	3529	01/12/21 – 29/04/22 (20.5 weeks)
Hyde	15899	67%	4902	29/04/22 – 25/11/22 (30 weeks)
Phase Two				
Glossop	8396	55%	2117	25/11/22 – 24/02/23 (13 weeks)
Stalybridge	9800	65%	2910	24/02/23 – 30/06/23 (18 weeks)

*Soft launch to take place in Denton, estimated 10 LHC appointments per day for the first month. Commences on the 5 July, with invitation letters starting to go out in June 2021.

*The programme is still in the preliminary stages of rollout and therefore this local modelling remains indicative, to flex according to local uptake.

APPENDIX 3

the revised planned trajectory based on MFTs modelling and assumptions for T&G CCG

	2021/22				2022/23				2023/24				Total
	Jun-21	Jul-Sept 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	Jul-Sept 22	Oct-Dec 22	Jan-Mar 23	Apr-Jun 23	Jul-Sept 23	Oct-Dec 23	Jan-Mar 24	
LHC		2,133	2,133	2,133	2,158	2,207	2,207	2,207	1,471	-	-	-	16,650
LDCT		1,549	1,549	1,549	1,820	1,820	1,820	1,820	1,778	1,778	1,778	1,778	19,038
3m FU (from baseline)		208	208	208	232	232	232	232	121	121	121	121	2,032
Scan Days (inc 20% contingency)		39	39	39	42	47	47	47	44	37	37	37	453
CURE new (21% of active smokers see CURE team)		369	369	369	396	451	451	451	428	381	381	381	4,428
CURE FU (25% complete 3 FU visits)		277	277	277	297	339	339	339	321	286	286	286	3,321
Referrals		83	83	83	89	101	101	101	78	32	32	32	812
Surgey		32	32	32	36	42	42	42	31	9	9	9	318
Lung Cancers				231				265				119	615

	2021/22	2022/23	2023/24	TOTAL
COST BASED PROFILE	£2,161	£3,041	£2,909	£8,111
Screening	£1,474	£2,124	£1,979	£5,578
Diagnostics	£459	£596	£614	£1,670

APPENDIX 4

2021/22 NHSE funding allocation based on the national tool

Cancer Alliance 2021/22 Funding Allocations - TLHC						
Region	Cancer Alliance	Host CCG	TLHC Project	Variable (£000)	Fixed (£000)	Total (£000)
		NHS Tameside and Glossop CCG	Tameside and Glossop	1,641	386	2,027

The national tool is the basis upon which the overall funding envelope was originally calculated, based on assumptions of total eligible population and ever smoking rates, with assurances that CCGs will receive all necessary funds to cover actual agreed activity this year for the TLHC screening element of the programme. Funds will be rebalanced mid-year, when revised trajectories re submitted, along with confirmation of the start date.