Report to:	**EXECUTIVE CABINET**
Date:	27 November 2019
Executive Member/Clinical Lead/Officer of Single Commissioning Board	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health) Dr Asad Ali – CCG Chair Jessica Williams –Director of Commissioning Jeanelle de Gruchy– Director of Public Health
Subject:	**TARGETED NATIONAL LUNG HEALTH CHECKS**
Report Summary:	Greater Manchester Cancer Alliance and National NHS Cancer Programme, NHS England (NHSE) nominated NHS T&G CCG to be part of the phased extension of the national Targeted Lung Health Check (LHCs). This report outlines the preferred model of delivery for the LHC programme within NHS Tameside and Glossop Clinical Commissioning Group (NHS T&G CCG). NHS T&G CCG working in partnership with NHS Tameside and Glossop Integrated Care Foundation Trust (NHS T&G ICFT) and Manchester University NHS Foundation Trust (MFT), will develop a pathway that incorporates a community based Lung Health Check service, delivered on a mobile unit sited within neighbourhoods to an agreed National Standard Protocol. National funding for the provision of a local service, in line with National Standard Protocol will be provided at an estimated cost of £6.3 million plus £55,000 for a project manager.
Recommendations:	Strategic Commissioning Board endorse and approve the preferred model of delivery for the Targeted Lung Health Checks within Strategic Commissioning Organisation. NHS T&G CCG consider varying the service specification into NHS T&G ICFTs contract for governance and assurance purposes. NHS T&G CCG will be accountable to Greater Manchester Cancer Alliance and National Cancer for delivery of the local service.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	**Budget Allocation (if Investment Decision)** As a nationally funded programme, the lung checks programme would not directly impact upon budgets within the single commissioner over the next 4 years.
	CCG or TMBC Budget Allocation CCG
	Integrated Commissioning Fund Section – s75, Aligned, In- s75

	Collaboration
	Decision Body – SCB Executive Cabinet, CCG Governing Body SCB Executive Cabinet
	Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark This paper follows on from the initial paper to update the revised profiled trajectory, following the revised start date from October 19 to January 20. 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. It is likely that the programme will identify residents who require treatment, who we would not otherwise have been aware of in the short term. Within the long term plan, there is £200k p.a., from 2020, to support funding these additional patients identified by the scheme.
Legal Implications: **(Authorised by the Borough Solicitor)**	Early intervention is evidentially known to reduce long term costs and generally improve outcomes. It will be important to have effective project management to fully understand the impact throughout both in terms of engagement with public, results and interim impacts on costs and service delivery given the expectation that through the checks a number of residents will be found who require intervention who we would not have known about until their illness required them to seek medical intervention.
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	HCAG were supportive and endorsed the approach taken in developing a local delivery model. HCAG to provide clinical

Advisory Group	oversight and support the development of clearly 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 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 to 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 other health promotion programmes).
Quality Implications:	Adherence to the National Standard Protocol. The national Targeted Lung Health Checks phased extension is estimated to identify 3,400 cancers at an earlier stage (260 within NHS T&G), many of which are treatable with curative surgery, which is anticipated to prevent 1,500 deaths nationally.
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 ☎ Telephone: 07342056005  e-mail: louise.roberts@nhs.net Or Debbie Watson, Assistant Director of Population Health ☎ Telephone: 07970 456 338  e-mail:debbie.watson@tameside.gov.uk

1. INTRODUCTION

1.1 The NHS Long Term Plan sets the ambition to increase early diagnosis of cancers with the aim to improve the diagnosis of cancers at an early stage from one in two to three in four. This translates as 55,000 more people each year surviving their cancer for five years or more by 2028.

1.2 As part of this national aim NHS England (NHSE) are supporting 10 sites across England to put into place a targeted Lung Health Check service over a 4-year period from 2019-2023. A national standard protocol (appendix 1) has been published to guide the implementation of this service alongside the recognition that local conditions and pathways will inform the local model. The protocol recognises the risk factors for lung cancer (which include smoking and age) and places a strong emphasis on the importance of linking patients into existing social prescribing teams who can offer advice and support, based on an asset based approach. The standard protocol recognises the importance of smoking cessation services and is very much a key part of this programme

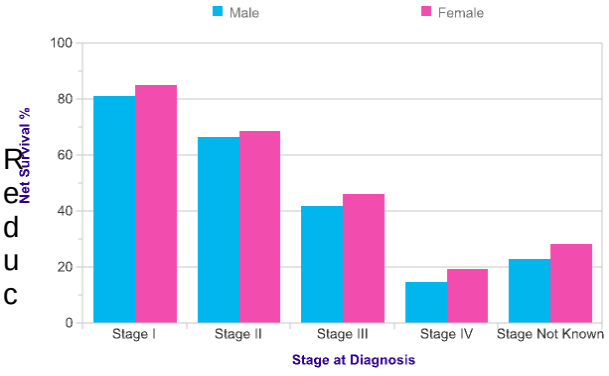
1.3 Tameside & Glossop is the area within the Greater Manchester Cancer Alliance selected as phase 1 of this programme to introduce a Targeted Lung Health Checks service.

1.4 Greater Manchester Cancer Alliance nominated NHS T&G CCG 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

1.5 The programme is intended to:

- Increase identification of lung cancer and support early diagnosis (at an earlier stage)
- Improve outcomes: increased one year survival and reduce the number of preventable deaths from but diagnosing cancer at an earlier stage. Survival is better the earlier it's diagnosed, so their needs to remain a string focus in prevention and early better diagnosis.



	Survival from stage of diagnosis (%)	
Stage of diagnosis	One year	Five year
1	80	35
2	60	20
3	40	6
4	20	-

- Reduce smoking prevalence
- Run alongside local campaigns and programmes of work to raise awareness of the signs and symptoms of cancer (and other health promotion programmes) to ensure everyone has access to the support services they need.

2. BACKGROUND GREATER MANCHESTER

2.1 Lung cancer remains the biggest cause of premature death in Greater Manchester and 80-90% of lung cancers are caused by smoking.

2.2 In 2016, a pilot was conducted through the Macmillan Cancer Improvement Partnership (MCIP) and the three Clinical Commissioning Groups in Manchester involving 14 GP practices. This pilot tested a Lung Health Check programme offering people aged 55-74 at high risk of lung disease the opportunity to attend a lung health check. If this found their risk of developing lung cancer was high, they were offered an immediate low dose CT scan that same day. This service was provided in the community in mobile units.

2.3 2,541 people attended their lung health check and of these, 1,384 had a scan following the risk assessment. Of those that were screened, 3% had lung cancer. Vitally, of these, 80% were in early stage and 65% had surgical resection (Crosbie et al, 2018).

2.4 As part of the Greater Manchester Health and Social Care Partnership (GMHSCP) priority to prevent and detect cancer earlier, a Steering Group, chaired by Dr Richard Preece, oversaw the development of a prototype in collaboration with members of the Macmillan Cancer Improvement Partnership (MCIP) City of Manchester Pilot team, clinicians, commissioners including specialised commissioning, public health consultant expertise, primary care colleagues, the GM tobacco control programme and finance colleagues. This prototype offered a number of minimum standards for a Greater Manchester model and attempted to explore the costs, benefits and capacity implications for a full roll out across the system.

2.5 The prototype was presented to relevant stakeholders in late summer 2018. Using cautious interpretation, the total resource implication was modelled as being in the region of £147m. However, only some GM CCGs indicated that they were in a position to consider roll out of LHCs in 2019/20.

2.6 The following areas have plans for delivering LHCs in Greater Manchester in 2019/20 or have commenced delivery :

- North Manchester CCG Business Case approved and commenced service delivery in April 2019 (1.51% threshold, 55 – 80 years, current and ever smokers).
- Salford CCG Business Case approved in December 2017 and commenced service delivery in September 2019 ; initially planned 3% threshold but amended in light of national direction to <1.51%; age range 55 – 74 years; eligibility criteria smokers, ever smokers, smoking status not recorded on clinical systems.
- Tameside and Glossop CCG chosen as one of the areas nationally (one per Cancer Alliance) to receive funding (£6.3million over 4 years) to deliver lung health checks as per a national protocol (see above; 1.51% threshold, 55 – 74 age range)

2.7 Cancer Alliance Planning guidance states: 'The expectation is that no additional local projects will start outside of the National Programme from 2020/21 onwards' pending the four year evaluative period'.

2.8 A GM LHC steering group was established on 18 June 2019, members included representatives from Providers, Commissioners, Health and Social Care Partnership, Specialised Commissioning and GM Cancer Alliance to ensure services align across GM.

2.9 The models that have emerged/are emerging in the 3 CCGs in Greater Manchester are slightly different and the system may benefit from a discussion about if and how local protocols could be standardised, and how we can collectively evaluate the programmes to ensure we continue to learn from this emerging area of practice, building on the strong foundations that the Manchester pilot has already created.

2.10 A Greater Manchester steering group chaired by Sarah Price between commissioners, public health, specialised commissioning and providers will ensure the complexities of commissioning this programme and the interdependencies within the system to deliver the best outcomes for residents. The group established a Greater Manchester governance structure for LHCs and will liaise with Specialised Commissioning in NHSE as the costs of any treatment will be funded up by them and will need building into commissioning plans from 19/20.

3. BACKGROUND TAMESIDE & GLOSSOP

3.1 The SROs for the local programme implementation are Jeanelle de Gruchy and Jessica Williams from the Strategic Commission and Trish Cavanagh from T&GICFT. The SROs are being supported via a project team consisting of:

- Debbie Watson and Louise Roberts – T&G Strategic Commission
- Jackie McShane and Angela Brierley – T&G ICFT
- Susi Penney and Adrian Hackney – GM Cancer

A local Steering group was established on the 07th May 2019 to develop a delivery plan. Representatives from GM Cancer were members of the project steering group with clear lines of accountability for governance arrangements between the Alliance and CCG.

3.2 NHSE England set a challenging timeline for implementation of the local programme as outlined below:

Action	Key Date	T&G Status
National Event – Leeds (sharing and learning event and outlined plans for next phased extension of LHCs)	17 January 19	✓
GM Focus Meeting	17 April 19	✓
Outline delivery plan to be submitted to the regional team	23 April 19	✓
National Collaboration Event - London	2 May 19	✓
Finalise delivery plan (draft submit to Cancer Alliance)	3 May 19	✓
First T&G Monthly Steering Group	7 May 19	✓
Cancer Alliances to submit delivery plans to the regions	21 May 19	✓
British Thoracic Society Imaging Training	September 19 and November 2019	22 people attended in November
National Collaboration Event - Manchester	18 September 19	✓
National Lung Health Checks Programmes start to go live	October 19	January 20
National Collaboration Event - Leeds	15 January 20	

3.4 The national protocol does not dictate a specific model for LHC delivery, provided the standards in the protocol are met. Learning and insight from other established LHC services was built in to support a locally designed, delivery model.

3.5 Key stakeholders (including clinicians within secondary and primary care) and local people were involved in the planning phase to co-design the right delivery model and design principles for NHS T&G CCG.

3.6 Using data from T&G Primary Care records local modelling shows:

Stage			Comment
Total eligible population	54,613	100.0%	Aged 55-74/364
Ever smoked	20,207	37.0%	Of Total eligible population
Appointments booked	12,124	60.0%	Take Up of Ever Smoked
Non attendees	970	8.0%	Of Appointments Booked
LHC's performed	11,155	92.0%	Of Appointments Booked
Positive LHC's	6,247	56.0%	Of LHC's analysed
Excluded from CT scan	187	3.0%	Of Positive LHC's
Initial CT scans performed	6,059	97.0%	Of Positive LHC's
Indeterminate - require second scan 3 months	860	14.2%	Of Initial CT Scans performed
Indeterminate - require second scan 12 months	860	14.2%	Of Initial CT Scans performed
Negative CT Scan - 24 months follow-up	5,005	82.6%	Of Initial CT Scans performed

Activity Impact of Cancers Identified

Findings			Comment
Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)	357	5.9%	Of Initial CT Scans performed (including patients requiring investigation after second scan)
Cancers found	182	50.8%	Of Needing clinic investigation
24 months follow-up	5,005	82.6%	Of Initial CT Scans performed
Patient needing clinical investigation followign 24 month scan	120	2.4%	Of 24 month scans
Cancers found at 24 months follow-up	79	65.5%	Of Needing clinic investigation
Total cancers found	260	N/A	Including those found at initial, 3, 12 and 24 months scans

3.7 Local task and finish groups were established to develop a local service model, these included:

- Service Model Options appraisal
- Estates
- Clinical Pathways and Incidental findings
- Communications, Engagement & Marketing
- IT, Data Flow, Information Governance
- Participant & Primary Care Literature
- Activity and Financial modelling
- Service model development to include Partnership working with managed service provider

3.8 Due to the unique nature in which the GM Cancer Alliance is commissioned in GM, local commissioners are working with GM Cancer colleagues and NHSE within an agreed governance process for the flow of funding into the CCG and to give assurance that the project is delivering against the NHSE standard protocol.

4. RISKS/ISUES AND CHALLENGES

4.1 The main risk relates to delivery of this innovative LHC program with an emerging evidence base as outlined below:

- **At present there is no national screening programme for Lung cancer in the UK.** This is because:
    - it isn't clear that screening can save lives from lung cancer
    - the tests have risks
    - they can be expensive[1]

[1] Cancer Research UK https://www.cancerresearchuk.org/about-cancer/lung-cancer/getting-diagnosed/screening

- **Risks associated with Low dose CT scans** - Tests like this have risks. The lungs are very sensitive to radiation and frequent scans might cause lung damage. Tests can also find lung changes that look like cancer and need to be checked by further tests, such as a biopsy. These further tests can also have risks.

- **Lung screening might also cause over diagnosis** – Over diagnosis means that some lung cancers found through screening might never become life threatening. So it is possible that some people go on to have lung cancer treatment that they would never have needed. And of course they have the side effects and anxiety that anyone having cancer treatment goes through. In the design of the programme and working alongside Researchers, it will be important to balance the benefits of the screening programme with the risk of over diagnosis

4.2 The main risks to implementing the program that were considered throughout the planning and design process are listed below:

- **Implementation timescales** – There is an expectation that all the initial Lung Health Checks will be complete by March 2021 to enable all follow up scans to be completed by March 2023 to enable a full evaluation of the programme.

- **Capacity for scanning and reporting** - There is a lack of Specialist Thoracic Lung Radiologists nationally. NHSE Cancer provided additional training courses and are reviewing workforce and recruitment issues at a National level.

- **Financial risk** – The funding envelope available includes a fixed element for staffing and a variable amount based on agreed trajectories. The local modelling is based on the national modelling and assumptions; this may differ within NHS T&G in real terms. Each project will receive £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 and travel and other costs including legal.

NHS Tameside and Glossop CCG
£55,000 also provided to support Project management in addition to the variable costs shown below

	£000's				
	19/20	**20/21**	**21/22**	**22/23**	**Total**
Annual	1,660	1,831	1,533	1,361	6,385

- There will be additional costs to the Health and Social economy in diagnosing and treating other incidental findings. NHSE Cancer will continue to review the funding envelope.

- **Clinical Workforce capacity** – Lung Health Check Nurses, Thoracic Radiologists

- **Demand management** – Managing the activity and demand across GM to ensure sufficient capacity for tertiary treatment and surgery. There will be increased demand into primary care and other support services.

- **Focus on smoking cessation** – Access to specialist smoking cessation support and pharmacotherapy; with the levels of current prevalence of smoking being the second highest in GM, NHS T&G CCG would need to ensure every smoker undertaking a LHC has access to support.

- **Impact on Cancer waiting time standards –** ensure everyone on the lung pathway has access to timely diagnostics and treatment.

- **Organisational reputation** - Cancer Alliance Data, Evidence and Analysis Service **(**CADEAS) will support with evaluation (6 key evaluations: barriers and enablers, replicability and scalability, impact and patient outcomes, health inequalities and participation experience and satisfaction). NHS T&G CCG will need to build in QA tools locally and build the local programme to ensure NHS T&G CCG adhere to the T&G agreed design principles.

5. LOCAL DELIVERY MODEL

5.1 Following extensive engagement and consultation with key stakeholders and members of the public the preferred model of delivery for NHS T&G CCG is to provide Lung Health Checks, Smoking Cessation and CT scans all in one place (One Stop) on a Mobile Unit based within neighbourhoods.

5.2 The preferred model of delivery is similar to the 'One Stop' model Commissioned by North Manchester CCG from MFT (MFT are also the tertiary surgical provider across GM). North Manchester CCG are the Lead provider for the acute contract of which NHS T&G CCG are associates.

5.3 LHCs in Salford CCG are provided on a mobile unit with CT scans provided at Salford Royal NHS Foundation Trust, this alternative model was the less favourable option within NHS T&G CCG.

5.4 NHS T&G CCG working in partnership with NHS Tameside and Glossop Integrated Care Foundation Trust (NHS T&G ICFT) and Manchester University NHS Foundation Trust (MFT), will develop a pathways and protocols for delivery of community based Lung Health Checks, delivered on a mobile unit sited within neighbourhoods to an agreed National Standard Protocol. It is proposed that investment is transacted to NHS T&G ICFT to establish a Lung Health Check Programme within NHS T&G CCG.

5.5 The provision of the Lung Health Checks within the community will align to local campaigns to help raise awareness of the signs and symptoms of Lung Cancer, following feedback from various stakeholders.

5.6 Participants will be invited for a LHC via the MFT service on GP endorsed letter heads. Practices will provide a list of eligible participants following a data extract from their systems using a Data Quality search template developed by GM Shared Services (Data sharing agreement in place).

5.7 LHC participants who smoke will receive smoking cessation advice and support from a specialist nurse, while they are on the mobile unit. The LHC service will establish strong links with local services to ensure that participants continue to receive support from local services within the community.

5.8 NHS T&G ICFT in partnership with MFT will proactively manage the service on behalf of NHS T&G CCG to an agreed service specification (Appendix 2) and in line with the National Protocol.

5.9 Service operational procedures will be in place concerning the process and data collection in line with National timelines and requirements. NHS 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.

5.10 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.

6. CONCLUSION

6.1 The preferred model of delivery in line with the agreed specification and in line with the National Protocol is planned to commence in January 2020.

6.2 Following endorsement and approval of the preferred model by Strategic Commissioning Board; the delivery, mobilisation and implementation of the Lung Health Check programme will be monitored through the agreed governance process.

6.3 NHS T&G CCG consider varying the service specification into NHS T&G ICFTs contract for governance and assurance purposes.

7. RECOMMENDATIONS

7.1 As set out at the front of the report.