Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	25 November 2020
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). On 27 November 2019 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. Progress on implementation was limited when due to COVID-19, TLHC programmes were paused from March 2020. In August programmes recommenced, 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. Existing projects on boarded into the TLHC programme in 20/21 to restart. New on boarding projects for 20/21 to have all required plans in place to go live in 2021/22*.' Since recommencing MFT confirmed their intention to work in partnership with T&G CCG to provide a TLHC fully managed service. This along with the national decision to extend the length of the programme to March 2024 enabled a revised two year trajectory with commencement on 1st February 2021 and full roll out across the Locality by March 2022. This enables all Low Dose Computed Tomography (CT) scans required by the protocol to be completed by March 2024. T&G CCG intends to commission an 'End to End' fully managed TLHC service from MFT varying the service specification into the existing MFT contract held by NHS Manchester CCG to which T&G CCG is an associate. 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 where possible.
Recommendations:	Strategic Commissioning Board note the progress and approve the intention to commission the 'End to End' fully managed TLHC service from MFT.
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** CCG **Budget Allocation**

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

This report provides an update the revised profiled trajectory, following a further revision in start date from January 2020 to February 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.

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)

This project is planning to commission a service. It is therefore essential that advice is sought and followed from STAR to ensure that a complaint procurement exercise is undertaken.

In addition the project offices need to ensure that they comply with all internal decision making processes and procedures such as the Council's Contract Procedure Rules.

The Board also needs to be content that the officers undertaking the delivery of this programme have a system of robust project management for the monitoring of outcomes.

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 8 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 other health promotion 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 Targeted Lung Health Checks phased extension is estimated to identify 3,400 cancers (389 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. QIA is available in **Appendix 2**
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. Draft EIA is available in **Appendix 3**
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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1. INTRODUCTION

1.1 NHS Tameside and Glossop CCG (T&G CCG) is one of ten areas 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 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 On 27 November 2019 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 TLHC Programme within T&G CCG.

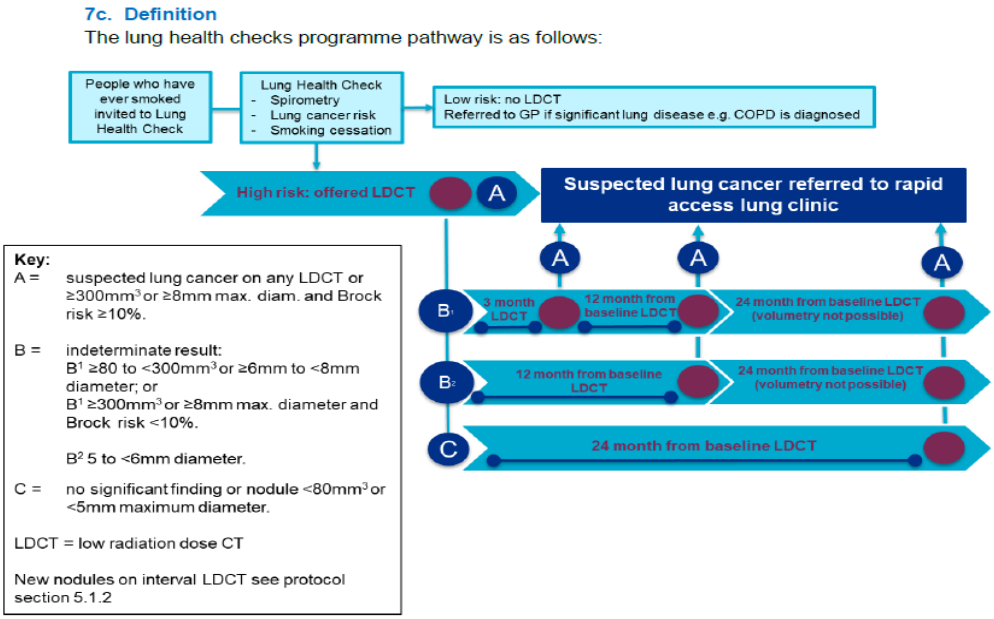
2. BACKGROUND INFORMATION

2.1 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).

2.2 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.

2.3 The national pathway is shown below.



2.4 Two other areas within GM run self-funded Lung Health Check Programmes on a smaller scale :

- North Manchester CCG commenced service delivery in April 2019 (1.51% threshold, 55 – 80 years, current and ever smokers). 'One stop' model.
- Salford CCG 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. LHC in community on mobile Unit and CT scans in Salford Royal.

2.5 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.

2.6 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'

2.7 Following extensive engagement and consultation with key stakeholders and members of the public the preferred model of delivery for NHS 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).

2.8 The original intention for T&G was to work in partnership with T&G ICFT and MFT (also 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.

3. DEVELOPMENTS AND UPDATES

3.1 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. However, in January 2020 these issues remained unresolved.

3.2 In January 2020 NHSE published Quality Assurance Standards, 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.

3.3 The impact of COVID-19 from March 2020 onwards resulted in all TLHC programmes being paused.

3.4 T&G CCG continued to work with partner organisations, to review the model of delivery required going forward. In addition Jessica Williams, became the lead SRO, supported by a project team with representatives from all partner organisations.

3.5 In June 2020 the two existing programmes within GM (2.3), were invited to be part of the National programme and funding provision.

3.6 NHSE also published in June 2020 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.

3.7 In August 2020 in the NHS response to COVID-19, Phase 3 planning guidance it stated: 'All existing projects within the Targeted Lung Health Check programme to be live by the end of 20/21. Existing projects onboarded into the TLHC programme in 20/21 to restart. New onboarding projects for 20/21 to have all required plans in place to go live in 2021/22.'

3.8 In September 2020, NHSE released revised Clinical and evaluation data sets.

3.9 Also in September MFT informed the GM Steering Group in September that they could accommodate additional tertiary surgical capacity and CT capacity. MFT confirmed their intention to work in partnership with T&G CCG to provide a TLHC fully managed service.

3.10 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.

3.11 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).

3.12 Revised population modelling (based on data extracted from the practice register to provide the eligible population) has also taken place.

Stage	No.	%	Comment
Total eligible population	58,121	100.0%	Aged 55-74/364
Ever smoked	36,248	62%	Of Total eligible population
Appointments booked	18,124	50.0%	Of Ever Smoked
Non attendees	1,450	8.0%	Of Appointments Booked
LHC's performed	16,674	92.0%	Of Appointments Booked
Positive LHC's	9,337	56.0%	Of LHC's analysed
Excluded from CT scan	280	3.0%	Of Positive LHC's
Initial CT scans performed	9,057	97.0%	Of Positive LHC's
Indeterminate - require second scan	1,286	14.2%	Of Initial CT Scans performed
Negative CT Scan - 24 months follow-up	7,481	82.6%	Of Initial CT Scans performed
Total CT	19,111		
Activity Impact of Cancers Identified			
Findings	**No.**	**%**	**Comment**
Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)	534	5.9%	Of Initial CT Scans performed (including patients requiring investigation after second scan)
Cancers found	271	50.8%	Of Needing clinic investigation
24 months follow-up	7,481	82.6%	Of Initial CT Scans performed
Patient needing clinical investigation following 24 month scan	180	2.4%	Of 24 month scans
Cancers found at 24 months follow-up	118	65.5%	Of Needing clinic investigation
Total cancers found	389	N/A	Including those found at initial, 3, 12 and 24 months scans
Surgery	198	51.0%	Of Cancers found
Stereotactic Body Radiation Therapy (SABR)	47	12.2%	Of Cancers found
Chemo-Radiation	35	9.1%	Of Cancers found
Radiation treatment (XRT)	35	9.1%	Of Cancers found
Surgery and Adj Chemo	30	7.7%	Of Cancers found
No Treatment	18	4.6%	Of Cancers found
Chemo	18	4.6%	Of Cancers found
Best Standard Care	6	1.5%	Of Cancers found

4. MODEL OF DELIVERY

4.1 The preferred model of delivery for T&G CCG remains the same, Lung Health Checks, Smoking Cessation and CT scans all in one place (One Stop) on a mobile unit close to where people live. However, due to COVID-19 the model will incorporate virtual LHCs as part of the initial stage, in accordance with the addendum to the National Standard Protocol.

4.2 T&G CCG intends to commission an 'End to End' fully managed LHC 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.

4.3 T&G CCG intend to vary the service specification (draft available in **Appendix 1**) 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 will enable NHS T&G CCG to work within NHSE phase 3 timeframes, to commence service delivery within 2020/21.

4.4 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.

4.5 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, Hyde and Ashton being invited. 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.

4.6 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.

4.7 The process that will be followed set out below is in line with the national protocol.

- 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).

- Participants will be invited for a LHC via the MFT service on GP endorsed letter heads.

- MFT staff will contact eligible people and assess their risk of having cancer using a nationally developed tool (see standard protocol and quality standards); as this will take place virtually due to COVID-19, spirometry will not be undertaken.

- LHC participants who smoke will receive 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.

- People who require a CT scan will be invited to attend the mobile unit.

4.8 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.

4.9 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.

5. FUNDING

5.1 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. Local modelling is 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.

5.2 The two year planned trajectory for T&G CCG is shown below:

	20/21	**21/22**	**Total**
Scheduled LHC appointments (modelling indicates 18,124 required)	2,880	15,244	**18,124**
Planned CT activity (Modelling requires 3,12 and 24 months scans. 19,111 planned in total)	880	10,750	**11,630**
Planned cost CT	232,320	2,838,000	**3,070,320**
Fixed Allocation (21/22 allocation to be confirmed)	386,000	386,000	**772,000**
Total cost	**618,320**	**3,224,000**	**3,842,320**
Cumulative Costs	**618,320**	**3,842,320**	

5.3 Indicative modelling for Years 4 and 5 assumed slippage for additional activity

	22/23	**23/24**
Scheduled LHC appointments (modelling indicates 18,124 required)	0	0
Planned CT activity (Modelling requires 3,12 and 24 months scans. 19,111 planned in total)	1,744	5,737
Planned cost CT	460,416	1,514,568
Fixed Allocation (allocations to be confirmed)	386,000	386,000

Total cost	**846,416**	**1,900,568**
Cumulative Costs	**4,688,736**	**6,589,304**

5.4 Additional costs associated with this programme will need to be factored into the Commissioning Intentions to manage activity relating to Lung Cancer and incidental findings; this will involve partner organisations and specialised commissioning and is out of scope for the programme.

6. CONCLUSION

6.1 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.

7. RECOMMENDATIONS

7.1 As set out at the front of the report.