

Targeted Lung Health Checks Quality Impact Assessment October 2020

Title of scheme: Targeted Lung Health Checks

Project Lead for scheme: Louise Roberts

Brief description of scheme:


This is an NHS England funded four year extended pilot which focuses on targeting smokers or ever smokers between the age of 55 – 74. The aim is to detect any potential health issues (i.e. cancer or COPD) early before any potential symptoms are being experienced and treat and educate participants as quickly as possible. Participants will be invited for a lung health check assessment and based on the assessment outcome they may also be offered a CT scan.

What is the anticipated impact on the following areas of quality?							What is the likelihood of risk occurring?						What is the overall risk score (impact x likelihood)			Comments
							No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	Low	Moderate	High	
Neutral / Positive Impact	Negligible	Minor	Moderate	Major	Catastrophic											
0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-25		
Patient Safety								1					3			


The lung health check service has been based on the outcomes from a two year pilot in Manchester and Liverpool. The learning and outcomes from the pilots have been considered by NHS England through the production of the Targeted Screening for Lung Cancer with Low Radiation Dose Computed Standard Protocol <https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf>

Tameside and Glossop will base their service on the agreed Protocol.

From clinical evidence and following the outcome from two pilot sites, the low dose CT scan is not expected to cause any significant impact on


																	participant's general health. Participants will be provided with verbal and written information pertaining to any risks that need to be considered in advance of the lung health check assessment. Please refer to section 3 of the Protocol which provides detail of the quality assurance mechanisms in place.
Clinical effectiveness	0					0								0			<p>The service is an extended pilot which has been enhanced following a two year pilot in Manchester and Liverpool. All learning from both pilots has been considered during the production of the service specification which includes all clinical requirements therefore the service is built on best practice. Before the service commences a clear governance structure will be put in place and any reporting (refer to section 2 of the protocol) and all reading radiologists will need to have attended the mandatory training shown below (in accordance with NHSE TLHC Quality Assurance Standards published in January 2020).</p> 
Patient experience	1					1								2			<p>The service will aim to provide a positive patient experience. This will be achieved through liaising with Manchester and Liverpool to understand their processes and learning i.e. what did/didn't work well. The local model has been built through extensive local user engagement and feedback across Tameside & Glossop. The service will be a mobile assessment and CT unit which will move to two or three locations across the borough. This will bring care closer to home, reduce the number of outpatient appointments and hopefully reduce the dropout rate. The respiratory nurses undertaking the assessment will have attended the mandatory training in accordance with NHSE TLHC Quality Assurance Standards published in January 2020.</p>

Safeguarding children or adults			2						3				6			<p>Some eligible participants may not be in a position to make decisions for themselves and may be unable to state if they do/do not want to attend the lung health check or have a CT scan. The Booking Team offering the appointments will work to a script to try and ensure that participants attending have capacity. If it does not seem that this is the case then these people and/or their carers will be put in touch with the Lung Health Check Team who can undertake further assessment to see if the person meets the eligibility criteria (please refer to the exclusion criteria in section 3.3.8 of the protocol - <i>Participant does not have capacity to give consent (standard criteria for assessing capacity apply).</i></p> <p>All the providers associated with the Lung Health Check process will be fully trained in safeguarding through their mandatory training in accordance with NHSE TLHC Quality Assurance Standards published in January 2020.</p>
Please consider any anticipated impact on the following additional areas only as appropriate to the case being presented.						What is the likelihood of risk occurring?						What is the overall risk score (impact x likelihood)			Comments	
	Neutral / Positive Impact	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	Low	Moderate	High	
	0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-25	

Human resources/ organisational development/ staffing/ competence	0					0						0				<p>The Radiologists and Respiratory nurses providing the service will be competent to provide the service as per the standard protocol. The service will commence with low numbers and build over time. This will allow staff to slowly embed the service and increase their knowledge, skills and competence. The service will be staffed in line with the workforce learning and modification from the previous pilots (in accordance with NHSE TLHC Quality Assurance Standards published in January 2020).</p> 
Statutory duty/ inspections	0				0							0			<p>The service will be required to collate data for submission to NHS England's National Team in line with the minimum dataset requirements. The data will be used for the programme evaluation. Please refer to item 9.5 of the protocol</p>	
Adverse publicity/ reputation			2					3				5			<p>The service launch date should have been on the 1st October 2019 but the date has been re-set to 01st February 2021 (due to complex interdependencies across GM and COVID-19). The reason for this is because the 10 extended project sites (including Tameside & Glossop) were not given enough time by NHS England for service planning and set up. Engagement has already taken place across Tameside and Glossop with stakeholders and the public with an intention of the service commencing on 1st February 2020. There may be some negative responses to the service delay. This will be addressed through "You Said We Did" sessions with the same groups explaining the reasons for delay. CCG, Council and hospital communications are also working together to provide a positive service launch across the borough.</p>	

Finance		1						1						2			The service was initially funded for four years through NHS England. NHS England have confirmed that they extending the service duration (due to late starts and the impact of COVID-19). NHSE confirmed that the financial envelope can be extended on request (due to additional pressures due to COVID-19).
Service/business interruption		1						1						2			No issues have been identified that may cause service or business interruption (services paused during the first peak of COVID-19 and planned trajectory now includes schedules down time for routine maintenance and deep cleans) . The IT network is yet to be tested between the service’s mobile unit and the service provider/s.
Environmental impact			2						2					4			The service will be provided in a mobile unit which will move around 3 -4 localities. Some environmental impact may come from the generators used to power the unit, the toilet facilities and the fuel needed to move the unit. Although there may be some impact the service is being provided in the community closer to home for participants.
Compliance with NHS Constitution	0							0						0			The service meets all 7 of the NHS Constitution Principles. The NHS Long Term Plan promises care closer to home and the Lung Health Check Service sits within a community setting and encompasses the full core neighbourhood offer.
Partnerships	0							0						0			All provider/stakeholders have been involved in discussions associated with the Lung Health Check Service. Task and finish groups are in force and focus on: <ul style="list-style-type: none"> 1. Lung cancer clinical pathways 2. Incidental findings pathways 3. IT, data flow & information governance 4. Service literature, language, interpretation & website 5. Communications, engagement & service set up & launch 6. Service monitoring & evaluation
Public Choice	0							0						0			No negative impact on quality anticipated; the service will enable appointments to be made outside traditional working hours and at different locations which will provide more choice and convenience.

Public Access	0							0						0			No negative impact on quality anticipated. The service will enable appointments to be made outside traditional working hours and at different locations. Wheelchair users have access to the mobile service via a lift. NHSE have issued an addendum to The National Standard Protocol to consider impact of COVID-19, to enable the initial Lung Health Checks to take place virtually without impacting on quality.
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Has an equality analysis assessment been completed?	YES	Contact tracy.turley@nhs.net
Is there evidence of appropriate public engagement / consultation?	YES	Communication & Engagement Plan (attached)  TLHC Engagement Plan.xlsx Engagement continues through GP and Practice Manager Forums.

Sign off:

Quality Impact assessment completed by	Paula Rosbotham Updated by Louise Roberts
Position	Project Manager TLHC Business Commissioning Manager
Signature	Louise Roberts
Date	14/10/20

Quality Review	
Name	Lynn Jackson
Position	Quality Lead Manager
Signature	Lynn Jackson
Date	14/10/2020