Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Subject / Title	NHS Tameside and Glossop Clinical Commissioning Group Targeted Lung Health Checks

Team	**Directorate**
Aging Well Team	Commissioning Directorate (NHS T&GCCG)

Start Date	**Completion Date**
01/04/19	31/03/24

Project Lead Officer	Paula Rosbotham, Project Manager, T&GICFT (01/01/19 to 31/03/20) Louise Roberts, Commissioning Business Manager
Contract / Commissioning Manager	Louise Roberts, Commissioning Business Manager
Assistant Director/ Director	Jess Williams, Commissioning Director, Strategic Commission

EIA Group (lead contact first)	**Job title**	**Service**
Jess Williams	Commissioning Director	Strategic Commission
Louise Roberts	Commissioning Business Manager	Strategic Commission

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully

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explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	**What is the project, proposal or service / contract change?**	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 will survive their cancer for five years by 2028. As part of this national aim NHS England is supporting 10 sites across England to put into place a targeted Lung Health Check service over a 4-year period from 2019-2023 (due to COVID-19 this was extended to 2024). A national protocol has been published to guide the implementation of this service alongside the recognition that local conditions and pathways will inform the local model. Tameside and Glossop CCG were 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). This 4 year extended pilot is funded by NHS England and involves identifying people between the ages of 55 – 74 and 364 days who have ever smoked or still smoke. These people will be invited for a lung health check and a low dose CT scan, where necessary for the earlier detection and treatment of lung cancer and earlier identification of other respiratory disease. The service fits with Domains 1, 2, 4, and 5 of the NHS Outcomes Framework. **Domain 1**. – Preventing people from dying prematurely **Domain 2**. – Enhancing quality of care for people with long term conditions **Domain 4**. – Ensuring that people have a positive experience of care **Domain 5**. – Treating and caring for people in a safe environment and protecting them from avoidable harm

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1b.	**What are the main aims of the project, proposal or service / contract change?**	The primary aim of the extended pilot is to reduce mortality from lung cancer. The Provider will ensure that a lung health check is offered to people who smoke or who have been previous smokers, aged 55 to 74 and 364 days in line with the standard protocol https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf . The pilot will also aim to: • Increase the number of people diagnosed with lung cancer at an early stage by accurately identifying people at an elevated risk of lung cancer who would benefit from having a low dose CT scan • Increase the number of people registered at their GP with a correct diagnosis of COPD and in receipt of appropriate treatment • Increased recognition of the number of people at risk of cardiovascular event in the next 10 years, who may benefit from intervention • Reduce smoking in people within the targeted age group Data from T&G Primary Care records local modelling estimates and eligible population of 58,121 (aged 55-74 years and 365 days) of which 62% have ever smoked, 16,674 Lung Health Checks will be performed of which 7,872 will be positive and high risk. 9,057 will require an initial CT (with follow up scans at 3, 12 or 24 months as required. 389 cancers will be found, of the cancers diagnosed at early stages 80% will be treatable and curable. The programme will also identify a number of incidental findings including respiratory cardiovascular conditions, many of which will require support and management within Primary Care. Local Pathways will need to ensure a seamless patient transfer (additional guidance available in the Quality Assurance Standards document published in January 2020). Health promotion and prevention is key to this programme and there will be a strong focus on smoking cessation.

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1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? **Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.**				
Protected Characteristic	**Direct Impact/Relevance**	**Indirect Impact/Relevance**	**Little / No Impact/Relevance**	**Explanation**
Age	X			The Lung Health check programme is aimed at 55 – 74 years olds, there are currently 58,121 people residing in Tameside and Glossop in this particular age range.
Disability	X			The number of residents between the ages of 55-74 living with at least 1 Long Term Condition across Tameside and Glossop is currently 13,713 (risk stratification output), December 2019. Information taken from the 2011 Census regarding disability tells us that from the total population (252,414 people) residing across

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				Tameside and Glossop 26,080 have self-declared that their day to day activities are limited a lot, and 25,757 have self-declared their day to day activities are limited a little.
Ethnicity	X			Language barriers and cultural beliefs. Encouraging tobacco chewers to understand the significance of the implications. May potentially see levels of non-attendance.
Sex			X	It is not anticipated that the development or implementation of this programme will impact directly or indirectly on this particular characteristic
Religion or Belief			X	It is not anticipated that the development or implementation of this programme will impact directly or indirectly on religion or belief

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Sexual Orientation			X	It is not anticipated that the development or implementation of this programme will impact directly or indirectly on sexual orientation
Gender Reassignment			X	It is not anticipated that the development or implementation of the programme will impact directly or indirectly on gender reassignment
Pregnancy & Maternity			X	It is not anticipated that the development or implementation of the programme will impact directly or indirectly on pregnancy and maternity as it is unlikely recipients of the programme would be pregnant due to the age profile target of the programme. If there was a likelihood it would be minimal.
Marriage & Civil			X	It is not

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Partnership				anticipated that the development or implementation of the programme will impact directly or indirectly on this particular characteristic
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (*please state)*	**Direct Impact/Relevance**	**Indirect Impact/Relevance**	**Little / No Impact/Relevance**	**Explanation**
Mental Health		X		The number or residents registered with depression in Tameside and Glossop between the ages of 55-74 is 1,999 as at March 2019, however, not all will be mental health patients
Carers	X			Participant's age range is 55 – 74 so they may need to be accompanied by a carer to their assessment. There are currently 27, 594 registered cares in Tameside and Glossop which equates to 10.93% of the total population.
Military Veterans			X	It is not anticipated that that the

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				development or the implementation of the programme will impact directly or indirectly military veterans
Breast Feeding			X	It is not anticipated that the development or the implementation of the programme will impact directly or indirectly on breast feeding as the age criteria starts at 55 and ceases at age 74
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? **(*e.g. vulnerable residents, isolated residents, low income households, those who are homeless)***				
Group (*please state)*	**Direct Impact/Relevance**	**Indirect Impact/Relevance**	**Little / No Impact/Relevance**	**Explanation**
Bariatrics	X			Maximum weight to enter CT scanner is exceeds >200kg – participant would therefore be unable to have CT scan on a mobile unit
Homelessness	X			Due to the nature of this cohort we would be unable to contact anyone who is homeless inviting them for a lung health

				check. There are currently 112 people officially homeless as at 2017/18 in Tameside only, this does not include Glossopdale. The service is linking with the Homelessness and Rough Sleepers Development Officer as some people are registered with GPs.
Low income households	X			We currently have no data for the number of residents living in low income households between the age ranges of 55-74, but there are currently 41,379 residents living in income deprived households (Tameside only) which is around 18% of the Tameside population.
Vulnerable people	X			Clinical Staff to identify who classes as vulnerable and assess suitability for

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				LHC
Eligible participants suspected of cancer	X			Should be referred for further investigation on a suspected cancer referral.
Eligible participants recorded on the Gold Standards Framework end of life register		X		Service assessment would not be appropriate at end of life
Eligible participants with a diagnosis of cancer within 5 years		X		Would already be on regular follow up within secondary care
Eligible participants with poor physical health such that treatment with curative intent would be contraindicated		X		Patients assessed by their GP as severely frail would not be suitable for this service. This may require a second opinion or advice from the local lung cancer MDT

Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	**Does the project, proposal or service / contract change require a full EIA?**	**Yes**	**No**
		X	

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1e.	**What are your reasons for the decision made at 1d?**	The participant eligibility and exclusion criteria has been set by NHS England following a previous two year pilot. A decision to implement may potentially impact across all of the protected characteristics particularly in relation to age and disability as identified in Table 1C

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

The NHS Long Term Plan sets the ambition to increase early diagnosis of cancer from one in two to three in four. This translates as 55,000 more people every year will survive cancer for five years by 2028.

As part of this ambition NHS England is 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 protocol has been published to guide the implementation of this service alongside the need that local conditions and pathways will inform the model in each individual locality.

In October 2020 NHS England granted an extension to the programme from 2019 to 2024 due to the impact of COVID-20, they also published an addendum to the national protocol to accommodate the initial part of the Lung Health Check to take place virtually due to COVID-19.

Tameside and Glossop CCG have been 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. https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf .

This 4 year extended pilot is funded by NHS England and involves identifying people between the ages of 55-74 who have ever smoked or still smoke. These people will be invited for a lung health check and a low dose CT scan, if necessary, for the earlier detection and treatment of lung cancer and earlier identification of other respiratory disease. The service fits with Domains 1, 2, 4, and 5 of the NHS Outcomes Framework:

Domain 1. – Preventing people from dying prematurely

Domain 2. – Enhancing quality of care for people with long term conditions

Domain 4. – Ensuring that people have a positive experience of care

Domain 5. – Treating and caring for people in a safe environment and protecting them from avoidable harm

The programme aims to:

- Increase the number of people diagnosed with lung cancer at an early stage by accurately

identifying people at an elevated risk of lung cancer who would benefit from having a low dose CT scan
- Increase the number of people registered at their GP with a correct diagnosis of COPD and who are in receipt of appropriate treatment
- Increased recognition of the number of people at risk of cardiovascular event in the next 10 years, who may benefit from intervention
- Reduce smoking in people within the targeted age group

Based on data from T&G Primary Care records, local modelling estimates, and eligible population of 58,121 (aged 55-74 years and 365 days) of which 62% have ever smoked, 16,674 Lung Health Checks will be performed of which 7,872 will be positive and high risk. 9,057 will require an initial CT (with follow up scans at 3, 12 or 24 months as required. 389 cancers will be found, of the cancers diagnosed at early stages 80% will be treatable and curable.

The programme will identify a number of incidental findings including respiratory cardiovascular conditions, many of which will require support and management within Primary Care. Local Pathways will need to ensure a seamless patient transfer.

Health promotion and prevention is key to this programme and there will be a strong focus on smoking cessation.

2b. Issues to Consider

Wide public and stakeholder engagement has already taken place across Tameside and Glossop to introduce the concept of the extended lung health check pilot. Engagement has taken place in the following ways:

- Patient Engagement Network (PEN)
- Practice Patient Forums
- Patient support group i.e. Lung cancer & pulmonary fibrosis
- Healthwatch
- Transformation in Communities
- Carer Groups
- Primary care neighbourhood forums
- Action Together
- Be Well
- Making Smoking History (LGBT)
- Learning Disabilities
- Social Services including contact with the deaf & blind
- Practice Manager Forums

Healthwatch Tameside have recently published the attached report which covers aspects of lung conditions. The Lung Health Check Services aims to cover all areas highlighted i.e. good communication, early diagnosis, relevant information at the right time, travel times etc.

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Heart and lung report 2019.pdf

Feedback from all groups has been positive however there has been a number of concerns raised from the public around the service age criteria. Some people felt they were not important or because they were not advanced in age there was a perception that their health did not matter.

The response back was that the age range had been set by NHS England through an extended four year pilot across ten locations nationally (previous pilot was two year in two Acute Trusts). The extended pilot aims to get an idea of how successful the service outcomes are before a decision is made to roll out nationally.

Anyone who is excluded from the service because of the target age range and fears their health may be at risk has been advised to visit their GP to request alternative assessments that may determine whether or not they are at risk of developing lung cancer.

There should be limited Iimpact on Primary Care regarding queries from eligible participants around the LHC programme. This is because practices will receive a face to face visit from the Project Manager and Commissioner to explain the lung health check process and to provide information leaflets, posters and a lung health check video which can be shown in waiting areas. The video should allay any fears for eligible participants. The patient information will also include a link to the video along with national information relating to lung health checks. The lung health check service telephone number will also be included on the patient information booklet should participants have any queries. All of this process will be supported by Cancer Research UK (CRUK) who will support practices with the roll out.

The intention is that by providing a mobile service the impact on vulnerable people or people in deprived areas should be minimized as care is closer to home and travel costs are reduced. The service will support people who may struggle to attend the service and this will be dealt with on an individual basis. The expectation is that the service will be provided on a maximum of four sites across Tameside and Glossop and the intention is to try and provide this on an accessible public transport route. Service location venues are still being worked through and once agreed this EIA will be updated with travel times from participant GP practices to each service site.

The service will initially launch in Denton Neighborhood, starting with Droylsden Practices followed by Denton as pilot practices starting with low numbers. This will enable close monitoring and will give the ability to assess and amend the service model where necessary to enable streamlines pathways. Patient experience will be collated and this will feed into the wider service model.

The number of eligible participants in each practice is as follows:

Practice	Total Eligible aged between 55 to 74 years and 364 days	Eligible and Ever Smoked (excludes Palliative/Lung Cancer and Severely Frail)	Choose to attend a Lung Health Check
Medlock Vale Medical Centre	2188	1213	558

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Denton Medical Practice	1698	1042	479
Market Street Medical Practice	1430	793	365
Millgate Healthcare Partnership	4992	3053	1404
Guide Bridge Medical Practice	743	451	207
Droylsden Medical Practice	695	441	203

The incidence of lung cancer is benchmarked across GM as per below:

Local Authority	Incidence/ 100,000 2015	I year survival (%)	Mortality/ 100,000	People living up to 21 years after a cancer diagnosis
Bolton	98	39.5	71	365
Bury	105	36.3	80	230
Manchester	153	41.8	113	641
Oldham	116	38.4	87	280
Rochdale	106	34.7	80	271
Salford	130	39.9	96	349
Stockport	88	45.2	64	366
Tameside	114	40.6	89	334
Trafford	93	48.4	66	245
Wigan	107	38.9	81	424

It is proposed these patients will access an already existing mobile unit sited at the COVID-19 safe site, at the Etihad Stadium in Greater Manchester.

Information taken from Google maps shows that:

The journey on public transport from Droylsden town centre would take 12 minutes with a 1 minute walk. Driving would take 9 minutes.

The journey on public transport from Denton town centre would take 45 minutes with a 3 minute walk. Driving would take 15 minutes.

The intention is that the closest GP practices to the Etihad will be the ones where participants will be invited in the first phase. It may be beneficial for some participants to travel to a different site due to work or ease of access. This will be considered throughout the service duration when participants ring to make their appointment.

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Shape Portal shows the travel distance (driving) to the Etihad, Ashton Primary Care Centre, Glossop Primary Care Centre, NHS Tameside and Glossop Integrated Care Foundation Trust and Selbourne House from each neighborhood. This shows that people should not have to travel more than 15 minutes if locations are used closer to home but no more than 30 minutes to the Etihad.

Travelling distances (003).pptx

The service will gradually increase its numbers following regular discussions facilitated by GM Cancer Alliance with tertiary centres (Wythenshawe and Christie) to ensure that the service is carefully managed so as not to saturate the specialist centres with unanticipated demand. System wide capacity planning is underway with all associated providers.

Learning from early implementers e.g. Salford, Leeds, Liverpool LHC models has been collated and analysed and the expanded pilot service specification has been based and produced on this along with all the good work that has taken place. The service specification can be found via the attached link https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf

The standard protocol covers all the governance arrangements associated with assessment, equipment, scanning, reporting and fail safe processes etc.

2c. Impact/Relevance

To promote equity of access the service will include a provision to cover patient transport costs, where transport is a barrier to accessing the service.

This will need to be assessed once 2b Issues to Consider evidence is expanded on and once the locations and the scan locations are confirmed. This section can then include impact in terms of accessibility, travel times analysis etc.). May need to consider demographics data and links to other workstream where uptake is known to be poor.

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2d. Mitigations *(Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)*	
Impact 1 – Supporting Queries and Concerns	*Ensure the public are signposted to the service helpline with queries or concerns. Ensure that primary care are made aware of the process through the introduction of a service pack prior to service launch. Attend the Local Medical Council and Practice manager Forums. Introduction with Lead GPs and Practice Managers to explain the whole lung health check process.*
Impact 2 - Homelessness	*Potential to link in with Council staff re how we can communicate with homeless people to invite anyone who is homeless.* *Ensure that work is undertaken with organisations who directly link in with homeless people to identify this cohort of participants i.e. the Homeless and rough sleeper development officer.*
Impact 3 – Disability and people with Long Term Conditions	*If the participant is unable to lie flat on the CT scanner or is in poor physical health a full explanation of the LHC assessment process and the CT scan process will be sent out in booklet format with a letter inviting them to their LHC.*
Impact 4 – Mental Health	*Participants with a mental health condition may be accompanied by a carer*
Impact 5 – Low income households	*The aim of the programme is to move the service around the borough for convenience of access particularly for those people from low income households. The service make a provision for patient transport to ensure people on low income are not disadvantaged.*
Impact 6 – Eligible participants suspected of cancer & those eligible suspected of cancer within 5 years	Participants will be triaged when they contact the service for an appointment. If a patient is already being treated or followed up for lung cancer they will not be eligible for the service. The service will also have read only access the patient notes to double check and query concerns with GPs. The Manchester pilot has not encountered any complaints from eligible participants who have already had a diagnosis of cancer. The response has been that putting a prevention model in place is fantastic for early diagnosis and treatment.
Impact 7 – Eligible participants recorded on the Gold Standards Framework end of life register	Participants will be triaged when they contact the service for an appointment. Discussions will take place with participants or carers to assess their eligibility. The service will also have read only access the patient notes to double check and query concerns with GPs.
Impact 7 - Ethnicity	Communication will be available in different languages/support in accessing venues (access to translation services etc). A key focus are for Primary Care Networks is to Increase early identification and prevention of cancer and reducing inequalities (improve access to cancer services for example).
Impact 7 - Bariatrics	The service will make a clinical judgement on eligibility following completion of the initial lung Health check to ensure they are not excluded from interventions.

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2e. Evidence Sources
The links below provide some background on the service pilots and on the patient outcomes based on the two year Lung health Check pilots in Manchester and Liverpool. Manchester Lung health Check Annual Report https://www.macmillan.org.uk/_images/lung-health-check-manchester-report_tcm9-309848.pdf NHS to rollout lung cancer scanning trucks across the country https://www.england.nhs.uk/2019/02/lung-trucks/ Cancer Research UK – Who is a Lung health Check for? https://www.cancerresearchuk.org/about-cancer/lung-cancer/getting-diagnosed/lung-health-checks The cost-effectiveness of the Manchester 'lung health checks', a community-based lung cancer low-dose CT screening pilot https://www.lungcancerjournal.info/action/showFullTextImages?pii=S0169-5002%2818%2930627-5 Liverpool Healthy Lung Pilot - Preliminary report https://www.liverpoolccg.nhs.uk/media/2665/liverpool-healthy-lung-project-report_final.pdf Communication Plan – engagement continues and the plan will be updated accordingly.      TLHC Engagement Plan Lung Health Checks Consultation Repori Lung Health Check Communications Str Insert revised Communication and engagement plan

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2f. Monitoring progress		
Issue / Action	**Lead officer**	**Timescale**
The service specification for the programme has outlined the requirements around patient complaints, compliments and issues. A quarterly report is required by the Clinical Commissioning group to ensure that these area are being managed and dealt with as quickly as possible. Service uptake will be monitored continually and non-responders will be sent reminder letters. The pilots have shown that in 50% of cases the reminder letter is the one that prompts the participant to make their appointment. Uptake information will be included in the quarterly report. Monitoring and acting on patient feedback – to be agreed with provider and included in the service specification.	*Paula Rosbotham/* *Louise Roberts*	*Quarterly from 01st February 2021 – 31st March 2024.*

Signature of Contract / Commissioning Manager	**Date**
Louise Roberts	**04 November 2020**
Signature of Assistant Director / Director	**Date**
Jessica Williams	**04 November 2020**