

Title of paper:	Lung Health Checks in Greater Manchester
Purpose of the paper:	To update the Cancer Board on the delivery of Lung Health Checks in GM (including the national pilot site – Tameside & Glossop) and the development of the response to the request from the Joint Commissioning Board in December re potential options for a GM wide delivery model.
Summary outline of main points / highlights / issues	<ul style="list-style-type: none"> • Background and update on current position • Update on delivery of the national pilot project in Tameside & Glossop (Jessica Williams, Director of Commissioning, Tameside & Glossop) • Update on progress towards developing a model, for consideration by Cancer Board and JCB, for the delivery of LHC across GM
Consulted	<ul style="list-style-type: none"> • Clinical leads from the 3 localities – Manchester, Salford, T&G (including GP lead) • Commissioners from the 3 localities (with updates to commissioning leads from all 10 GM localities) • GM Cancer – Medical Director and wider team • Members of the GM Task & Finish Group for LHC (GMHSCP Chair)
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1. Background and Context

- 1.1. In the wake of notable early work in the City of Manchester, targeted lung health checks are referenced in the NHS Long Term Plan with a commitment to roll out a national programme (subject to successful evaluation of pilot projects in 2023-24). The GM Cancer Long Term Plan 'Plan on a Page' states that Lung Health Checks are a GM System priority to support improvements in early diagnosis of cancers, and proposed a 'phased sustainable roll out across all localities in GM initially through 3 localities (Manchester, Salford, Tameside & Glossop)'.
- 1.2. This initiative underpins the goal of improving one year survival and the expectation that by 2028, 75% of cancers will be detected at stage 1 or 2. Lung cancer is the largest cause of avoidable death, typically sees presentation occur at stage 3 or 4 and is presently challenged in terms of delivery of the constitutional standard.
- 1.3. A Targeted Lung Health Checks Task & Finish Group has been in place in Greater Manchester since July 2019 to:
 - Support collaborative working and system level coordination of the three programmes (Salford, Manchester, T&G)
 - Recognise the different stages of development of the programmes, the approaches and timescales
 - Understand the system level consequences of the three programmes, for example on treatment(s), waiting times and patient experience
 - Agree an approach to the management of the treatment consequences of the three pilots, aligning capacity and demand and prioritising according to patient need
 - Share best practice and learning across the programmes
 - Ensure approaches to evaluation support comparability and decision making associated with any further national or local roll out
 - Attempt to address the key questions appended to this document pertaining to THLC in GM
 - Report to the Cancer Board (and onwards to the National TLHC Programme Team in relation to the Tameside & Glossop programme)
- 1.4. Tameside & Glossop is one of 10 nationally funded sites for Targeted Lung Health Checks, delivered in line with a national service specification and as part of a nationally managed programme. GM Cancer (as the Cancer Alliance for Greater Manchester) is accountable to NHSE/I for the delivery of the nationally funded project. Funding is allocated to the end of 2023/24.
- 1.5. The GM Joint Commissioning Board received a report in December 2019 which provided an update on the work programme of GM Cancer (the Cancer Alliance for Greater Manchester), which included information on: The NHS Long Term Plan and Cancer; GM Cancer priorities and governance; Investment in cancer in GM; Current challenges and key issues. One of the challenges identified related to Targeted Lung Health Checks and the position in Greater Manchester, which led to agreement to the following recommendations:



A Task and Finish Group, chaired by Sarah Price, Executive Lead for Commissioning and Population Health, is in place and it is suggested that the JCB should support the group in delivering the following outputs:

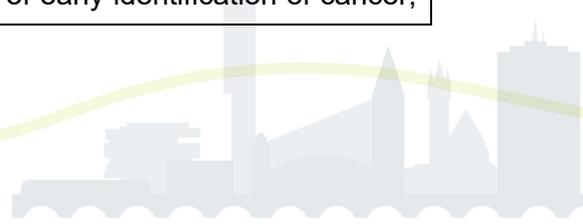
- The development of GM principles for the provision of Lung Health Checks, e.g. in terms of thresholds, age range etc, with associated indicative costs for rollout of such a service;
- Overseeing the development of a business case relating to secondary care capacity that commands the support of all providers, via joint working with the Provider Federation Board;
- Development of potential approaches for wider roll out across GM, recognising the national statement that no further schemes are anticipated until 23/24 pending evaluation of the current schemes.

- 1.6. The National Cancer Programme (NHSE/I) have acknowledged the work that's being done in GM and have expressed an interest in receiving a proposal from Greater Manchester regarding a GM-wide roll out proposal, with the **potential** for national funding to support this.

2. Key discussion points

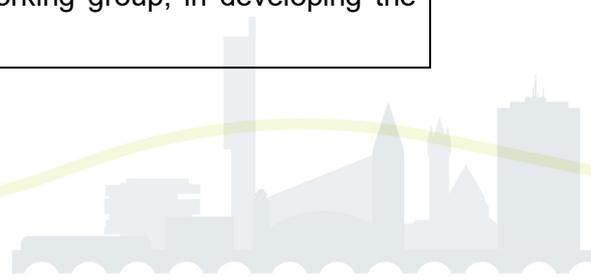
Title: Update on current position	
Subject	<p>There are currently 3 localities with Lung Health Check projects in place, which are:</p> <ul style="list-style-type: none"> • Salford - NHS Salford CCG approved a business case in December 2018; with a planned start date before the end of Q2 2019/20 (initially 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) • Manchester (North) - In Manchester, the business case for rolling out LHCs to the North Manchester population was approved and this was implemented in April 2019 (1.51% threshold, 55 – 80 years, current and ever smokers). • Tameside & Glossop - NHS Tameside & Glossop CCG was selected as one of the areas funded by the national team to deliver lung health checks as per a national protocol (i.r.o. £6 million over 4 years; 1.51% threshold, 55 – 74 age range). The current estimated start date for this project is June 2020 (see below). <p>The Task & Finish group referred to above oversees the delivery of these programmes receiving updates and reports and working with the commissioner and provider members to address any challenges identified.</p>

Title: Delivery of national pilot project for LHC – Tameside & Glossop	
Subject	The NHS Long Term Plan states that targeted funding will be available to support the development and spread of innovative models of early identification of cancer,



	<p>including the establishment of lung health checks in ten areas of the country with some of the worst mortality rates from lung cancer. Tameside & Glossop is one of these pilot sites.</p> <p>The Tameside project is working to the national specification and aims to commence screening in June 2020. There have been delays in delivering this project due to issues with screening and treatment capacity.</p> <p>GM Cancer is completing the required reporting to the national teams on the T&G project, and are members of the T&G project steering group.</p>
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Title: Development of a proposal for GM delivery of Lung Health Checks	
Subject	<p>A GM System Delivery of LHC: Working Group has been established to produce and deliver a report to the GM Joint Commissioning Board (JCB) and Provider Federation Board (PFB), via the Cancer Board, in response to the recommendations outlined above. This group is chaired by Prof Dave Shackley as Cancer Alliance SRO, with wide representation from across GM and a range of professions.</p> <p>The group will define the recommended whole system LHC model, including a phased delivery plan with an options appraisal of alternative delivery models. The model will include a clear evidence base and a review of data from GM to date. The model will include the full LHC delivery model from the identification and invitation of patients, CT scanning, diagnosis and treatment.</p> <p>The proposal will take into account the national service specification for lung health checks and will define the dataset required to support delivery and evaluation.</p> <p>The proposal will be developed consulting with the whole system prior to presentation to JCB and will therefore be a co-produced model with provider, commissioner and other key stakeholder input.</p> <p>The report will include details of timescales for delivery, and options for delivery across the population of GM (including potential for phased roll out based on geographical, age based and / or Primary Care Network population bases).</p> <p>The proposal will define details of the screening model (fixed / mobile CT scanning), the role of localities in the definition of the roll out programme (by PCN/Neighbourhood, addressing health inequalities and areas of greatest need) and the responsibilities for each part of the system (e.g. identification of patients, invitations, screening, onward referral and treatment, identification / securing of appropriate screening locations).</p> <p>The group has senior public health input, to advise on the approach to take to this work from a public health perspective.</p> <p>The questions/issues to be addressed by this working group, in developing the proposal, are:</p>



- Define and offer evidence based option appraisals regarding the **model for CT scanning**: taking evidence from GM and other projects, the proposal will include a detail options appraisal and recommendation re initial assessment and CT scanning models - mobile units; community clinic with fixed site CT; fixed site for initial assessment and CT scan
- **Programme Logistics**: what elements of the LHC model would require locality steer / involvement. Delivery would be in line with national specification but consideration of locality involvement in delivery e.g. phasing / cohorts of patients to invite, identifying sites for mobile units, communication and engagement – patients and professionals, place-based approach based on population need
- **Programme Management**: consideration of programme management options – e.g. one provider overseeing/co-ordinating the whole programme from identification to treatment – options appraisal to be undertaken
- **Inclusion of smoking cessation**: Working group members are fully supportive of including smoking cessation / tobacco addiction offer in the LHC pathway and will include this in the proposal to be developed
- **Referral pathways for ‘other’ and incidental findings**: learning from the existing sites’ experiences – including those outside GM – the GM model will include options for addressing incidental and ‘other’ findings on CT scans undertaken as part of the LHC pathway. Primary care will be key to this element of the programme – in the design and delivery.
- **Tertiary treatment demand and capacity** – the proposal will include details of the screening and treatment capacity required to support a GM wide roll out of the LHC model.

The team are working with the GMCA on detailed CBA options and approaches.

3. Next steps

- 3.1. The working group will continue to develop the proposals, in line with the information above, reporting to the Task & Finish Group, and ensuring system wider involvement / co-production ahead of further reports and recommendations to the Cancer Board, Joint Commissioning Board and Provider Federation Board.
- 3.2. GM Cancer will continue to work with colleagues in Tameside & Glossop, reporting to NHSE/I on progress with delivery of the nationally funded project.

4. Recommendation, requests / support required of the Board

Board are asked to comment on and support the approach outlined in this report.

