**Targetted Lung Health Checks – bid submitted for Swindon**

Thames Valley Cancer Alliance, GWH, and BSW CCG have submitted a bid for GWH as the TVCA nomination for hosting a TLHC pilot for the population of Swindon.  The aim is to identify more lung cancers, and at an earlier stage.  This will, if approved, involve all those Swindon “ever smokers” aged 55 years old to 74 years and 364 days being identified via GP practice records, and invited by GWH for a targetted lung health check.  There are approximately 23,000 people in Swindon in this cohort.  The lung health check comprises: questionnaire base interview with nurse, identification of risk factors, family history etc; height, weight, blood pressure; spirometry.  Those identified as high risk are booked to CT (initial, plus 3m, 12m and 24m) for further investigation and treatment as necessary.  All those who attend the health check and are current smokers, are also offered smoking cessation advice and support. The pilot is expected to run for four years.

Take-up from other earlier pilots and the associated national modelling tool suggests 50% book appointments (11,500); of these 50%, 92% attend (10,580); of these, 56% have a positive LHC (5,925), of these, 97% are to be scanned (5,747) = 120 scans/month or 30 scans/week (48 week year) over 4 years (this is just initial scans.)  Negative CT scans – 82.6% (rescan at 2 years) = 4,747 negative therefore 1,000 positive requiring further investigation.  This is expected to enable identification of 170 patients with lung cancer, approx. 140 / 80% of them at early stage.  Plus a significant number with non-cancer incidental findings/conditions eg previously undiagnosed COPD; coronary calcification; interstitial lung disease; bronchiectasis; pulmonary nodules; requiring further investigation/treatment.  So there is a significant investment required, for which national funding is available, for scanning capacity and clinical workforce to both carry out the health checks as well as manage all those with abnormal outcomes (whether cancer or other conditions) including subsequent scans.

The role for primary care is to support the process of identifying the ever-smokers in your practice populations, so that they can be sent an invitation to participate.  We have already discussed with Southampton colleagues (one of the earlier pilots) how this was done.  All of their practices are signed up to supporting their pilot.  This involved an overall DPIA and individual Data Sharing Agreements with each practice.  Each practice was compensated for the time needed to run the searches and forward the output to the trust.  I am expecting us to follow a similar model.  Plus ongoing management as required those with incidental findings who are most appropriately managed in primary care; this might include those with previously undiagnosed COPD.

Currently we wait to hear if the bid is agreed by the national team.  It will then take a number of months while GWH recruit a project manager and the various requirements are developed and put in place.  So I am not expecting the pilot to start earlier than Q2/Q3 of 2022 at the earliest.  We will of course keep primary care colleagues advised of developments throughout.

This bid has previously been mentioned to Swindon PCN Clinical Directors during a recent update on ongoing cancer work (although not in this level of detail) and to Amanda Webb as Swindon Locality GP Lead.  If you have any questions on this please send to [andyjennings@nhs.net](mailto:andyjennings@nhs.net) in the first instance.

Thanks

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