Targeted Lung Health Checks
Sharing Best Practice for Best Outcomes

AstraZeneca

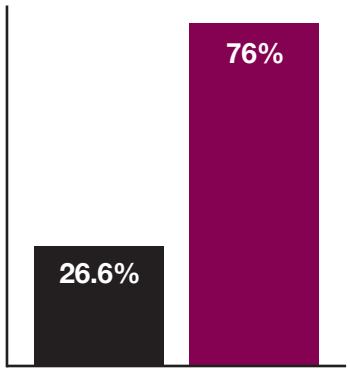
The UK, Scottish and Welsh governments have accepted the recommendations of the UK National Screening Committee (NSC) to implement a targeted lung cancer screening programme for people aged 55-74 and identified as at high risk of lung cancer across the UK.[1,2,3] Leveraging these national ambitions provides an important opportunity to improve lung cancer outcomes and address health inequalities. This paper showcases early successes of targeted lung health checks (TLHC) across three different locations, and aims to collate the shared learnings to enable the implementation of an effective and efficient screening programme nationally.

AstraZeneca initiated and funded the development of this paper, which includes insights gathered from interviews with the RM Partners Cancer Alliance, the Nottingham and Nottinghamshire Integrated Care Board and Great Western Hospital NHS Foundation Trust. AstraZeneca did not initiate, fund, or develop the TLHC programme itself. AstraZeneca are grateful to participants for sharing their experiences and expertise in running TLHC sites.

Targeted Lung Health Checks: where did we come from and where are we now?

Lung cancer is the third most common cancer in the UK, and has one of the lowest survival rates of all cancers.[4] A lack of symptoms at an early stage can often lead to late presentation, with 7 out of 10 lung cancer patients receiving their diagnosis too late, at stages 3 and 4, to be cured.[5] Lung cancer is also a driver of health inequalities and a contributor to the life expectancy gap, with higher incidence and mortality rates amongst those from deprived backgrounds.[4]

In an effort to drive early diagnosis and better outcomes for lung cancer patients, the TLHC Programme was established by NHS England in 2019 as a pilot scheme to identify signs of lung cancer at a stage where it is much more treatable.[6,7] To address health inequalities, the programme prioritised rolling out in areas of highest deprivation first, and will continue to expand across England in the coming years.[8]



In 2020, only 26.6% of lung cancer patients were diagnosed at an early stage[9]

However, in the first phase of the TLHC pilots, 76% of lung cancers identified in those tested were caught at an early stage[1]

The programme has also been successful in addressing health inequalities, as people in deprived areas are now more likely to be diagnosed with lung cancer at an earlier stage.[10] New data shows that 34.5% of the most deprived fifth of England were diagnosed at stage 1 or 2 lung cancer in 2022, up from 30% in 2019.[10]

Following the success of the pilot schemes and the positive recommendation of the UK NSC, the UK Government announced the national expansion of the TLHC programme in 2023 – for those aged 55-74 with a history of smoking – which aims to reach 40% of the eligible population by March 2025 and full coverage by 2030.[1] However, at the moment, there have been no government comittments to ring-fence funding to guarantee the continuation of the programme until 2030.[11] It is estimated that, once fully implemented, each year the programme will deliver almost one million scans, detecting cancer in as many as 9,000 people and with the potential to drive a significant stage shift in lung cancer diagnoses.[1]

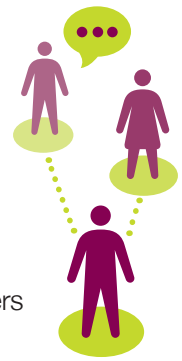
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The Opportunity

Due to the phased roll out of this programme, there are several locations which have already been providing TLHCs since the pilot scheme was launched and have collected learnings from establishing and running programmes across varied populations. Sharing those learnings and best practices with new TLHC locations will be key to ensuring full national coverage of TLHCs by 2030 – or even earlier. Utilising best practice across Cancer Alliances provides an opportunity for locations setting up a new TLHC to draw on the experience of others to deliver a service tailored to meet the needs of their population, enabling more equitable access to screening, and achieving national ambitions by 2030.

Key principles to delivering an effective and efficient TLHC

Whilst national protocols and guidance have been helpful for initial implementation of TLHCs, there is no one size fits all model for the successful delivery of programmes across different geographies, and an element of flexibility is needed to enable local systems to deliver programmes tailored toward the needs of their populations. Locations which have successfully set up TLHCs found a number of steps that enhanced their engagement in the programme and enabled optimisation of their service. Three key principles for delivering a TLHC service, drawn out from shared learnings across the case studies included in this paper, are set out below:



1 Engage relevant stakeholders early and regularly throughout the entire process

- Involving key local stakeholders from the outset, regularly meeting as a team and having clear mapped-out processes will enable the effective delivery of the TLHC without delays. This includes aligning IT pathways, design of success metrics and project management support
- Having a single point of contact to coordinate between different stakeholders and workstreams can streamline communication, and regular governance meetings to bring together all stakeholders allows for effective monitoring of site setup and avoids unnecessary delays
- **Key stakeholders will include Cancer Alliances and regional Integrated Care Systems to support the delivery of a TLHC and champion the need for a programme; and primary care providers who can provide relevant patient data and support with initial outreach**



2 Tailor the TLHC according to local needs

- Promoting TLHCs can and should be done through diverse approaches to ensure engagement across different populations
- TLHCs have been advertised through physical posters and social media, and even on beer mats, to ensure the widest reach across diverse populations and geographies. Materials were translated to the languages most spoken in the communities being served
- Cancer Alliances have also collaborated with community groups, such as faith groups and bingo groups, to reach out to patients that have not previously been engaged through traditional means
- Running regular feedback exercises with participants of the programme allowed sites to discover what was working well and tailor their TLHC according to population preferences, behaviours, and needs
- **Key stakeholders will include community-based groups and patient organisations – to raise awareness and disseminate targeted messaging**

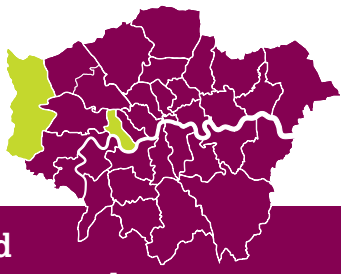


3 Embed sites in the community for ease of access

- Cancer Alliances found that patients value the proximity of the testing locations and ease of access, over the type of location itself (mobile clinic or hospital-based)
- Choosing an appropriate location can contribute to improved attendance from patients
- Supermarket car parks are an ideal scanning location as they are accessible to mobile CT units and are often located near to good public transport links. Supermarkets usually have a corporate social responsibility department, which can be a good first point of contact
- **Key stakeholders will include primary care providers to support with results follow up, secondary care providers to support the delivery of scans and management of incidental findings, and staff from local facilities, like leisure centres and supermarkets, to coordinate the mobile site logistics**

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RM Partners
West London Cancer Alliance
Pioneering a UK delivery model for Targeted Lung Health Checks



This case study outlines how one of the first UK pilots of the Targeted Lung Health Checks (TLHC) was set up in England, and the flexible approach that was required to adjust, evolve and optimise the programme over time. AstraZeneca has initiated and funded the development of this case study summary following an insights gathering interview with RM Partners. AstraZeneca did not initiate, fund or develop the TLHC pilot itself.

What was the context?

Starting their planning in 2017, RM Partners Cancer Alliance developed one of the first Targeted Lung Health Checks in England. Using resources from the NHS England Cancer Transformation funding distributed to Cancer Alliances, a case for funding had to be made – getting buy-in from key stakeholders to champion the initiative. RM Partners utilised first-hand experience and trial and error to find the most effective ways to generate cross-sector buy-in and develop a model tailored to deliver a positive patient experience. The goal was to pioneer a truly innovative approach to targeted testing and identify lessons on best practice for other models to follow.

The pilot – for current and ex-smokers aged between 55 and 74 – invited 10,000 patients from 17 GP practices across two London boroughs (Hammersmith and Fulham, and Hillingdon). Patients were invited to attend either a fixed site, or a mobile unit embedded in the community. Since the pilot's launch, the service is now expanding across all 14 boroughs in north west and south west London, with full coverage expected by 2028, as part of NHS England's national roll out programme.

Lessons from RM Partners

Checklist for initiating and refining a TLHC:

1 Showcase the evidence of the effectiveness of TLHCs to secure local buy-in

Buy-in from primary and secondary care stakeholders is key to enable TLHCs to be successful in securing high levels of uptake. RM Partners achieved this buy-in through building a strong network of partners and using a well-researched case for change, with local data to demonstrate the potential impact of a targeted screening programme in this population. Having local primary and secondary providers on board at an early stage will enable timely access to patient care records to identify eligible patients and embed governance mechanisms for future referrals.

Showcasing robust clinical data, such as from the UK Lung Screening Trial, as well as emerging findings from the NHS England TLHC programme, can bring to life the potential benefits to identifying lung cancer at an earlier stage, enabling faster access to treatments and improved outcomes for patients.[12]

2 Implement a fool-proof governance process to streamline delivery

RM Partners developed robust governance infrastructure which enabled effective service delivery and monitoring from the beginning. Their approach to governance included IT pathways, clear success metrics, and employing project management support.

In particular, the creation of a single point of contact to coordinate between different stakeholders and workstreams allowed them to streamline communication and bring partners together in regular governance meetings, enabling effective monitoring and accountability, avoiding unnecessary delays to site setup.

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3 Reflect on progress and listen to feedback



A year into their pilot, RM Partners paused the service while they worked with partners to bring together focus groups – testing communication methods used with patients, and understanding first-hand the patient experience through the pathway. They conducted a patient survey to understand the feedback, tailoring communication methods and monitoring preferences regarding delivery locations.

Building in time to reflect on progress in this way can allow for the design of a service that takes into account the needs of a local population, and ensures flexibility to shift the delivery model to suit the needs of the community, driving uptake and increased engagement with the programme.

Enhancing engagement through community partners

RM Partners West London Cancer Alliance employed a wide range of tools to engage with their local populations, building these to fit the diverse demographics of a densely populated London borough. To better understand the needs of their population, they collaborated with the charity Age UK, whose lung health engagement workers attended faith groups and local events to extend their reach.

4 Create a flexible offer for patients



Results from patient surveys showed high satisfaction with the programme, with most attendees noting convenience of the service being the primary reason they attended. On average, survey respondents travelled 36 minutes to get to their TLHC appointment[13] – with RM Partners offering both fixed and mobile sites. For mobile sites, they worked alongside civil engineers who advised on the best placement to enhance convenience. Flexible appointment options enable patients to choose a time that suits them.

What is the patient journey through a TLHC in north west and south west London?

RM Partners has incorporated the lessons set out above to develop a patient-centred approach to delivering lung health checks:

Invite	Risk assessment	Scan	Referral
Eligible patient receives an invite on behalf of their GP to attend a lung health check. The patient can book an appointment at a time to suit them	Patients have a brief telephone consultation with a respiratory nurse which covers any respiratory symptoms and past medical and smoking history *Risk-assessment tool used to determine level of lung cancer risk*	If deemed at an increased risk, a patient is offered an appointment to attend a CT scan. Scans are reviewed and results reported back to a patient's GP within 4 weeks *Scans are read virtually by a radiologist*	Where appropriate, patients can be referred to hospital or their GP if any follow up is required – as well as to a local stop smoking service

What next?

RM Partners is continuing to make changes to their service as it continues to work to improve uptake. In the latest iteration of their communications, they will move from an invite which asks patients to book their own appointment to an invite which will see a health care advisor proactively call the patient for their lung health check. This approach has been trialled in other areas and has been successful at driving uptake across the programme.

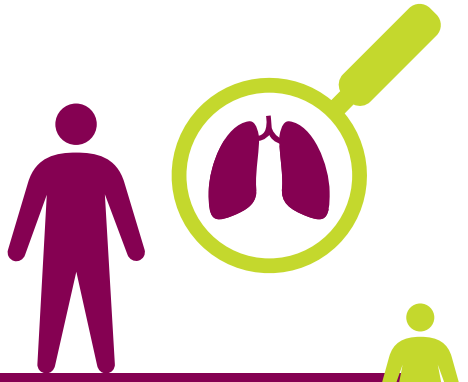
For further information on the work that RM Partners is doing, contact Jane Derbyshire, Senior Project Manager, **jane.derbyshire1@nhs.net**.

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NHS
Nottingham and Nottinghamshire

Nottingham and Nottinghamshire Integrated Care Board

Driving uptake of Targeted Lung Health Checks through targeted community engagement



This case study explores how Targeted Lung Health Checks were set up in two areas of Nottinghamshire which differed significantly in their demographics and geography, and the bespoke approach that was adopted to achieve high uptake in both regions through targeted community outreach. AstraZeneca has initiated and funded the development of this case study summary following an insights gathering interview with NHS Nottingham and Nottinghamshire Integrated Care Board (ICB). AstraZeneca did not initiate, fund or develop the TLHC programme itself.

What was the context?

NHS Nottingham and Nottinghamshire ICB initially delivered a highly successful Targeted Lung Health Check (TLHC) programme in the Mansfield and Ashfield area, **achieving high uptake of 74%** in a rural, dispersed population through targeted community engagement. This compares to a national average of 35%.[14] Building on this success, they sought to expand rollout by delivering a TLHC programme in Nottingham City. The significant variation in demographics and geography between the two areas did not allow for a simple 'cut and paste' approach to delivering TLHCs in the new area. Instead, a targeted approach to delivery allowed system leaders to capitalise on lessons learned from Mansfield and Ashfield to achieve similarly high uptake in Nottingham City. The service successfully tailored community engagement to reach populations of unmet need, offering free transport solutions to aid accessibility and convenience, driving uptake across an area with a diverse population – **achieving 50% uptake rates.**

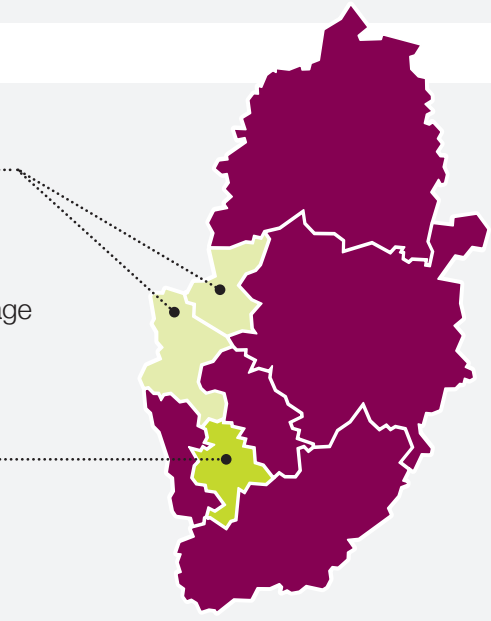


Mansfield and Ashfield

- Estimated eligible population of 27,000
- Ex-mining community
- High % of English spoken as first language

Nottingham City

- Estimated eligible population of 30,000
- High smoking prevalence
- Urban area with dense population
- Diverse communities & multiple languages spoken



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How are TLHCs delivered in Nottingham and Nottinghamshire ICB?

Invite

Invite letters are sent to eligible patients outlining a pre-booked appointment timeframe and an offer of free transport to a mobile unit

Triage

A telephone triage assessment is conducted by patient care advisors via an independent provider partnership

Check

If a patient is assessed as high risk on the telephone assessment a face to face lung health check is conducted by nurses on the mobile unit

Optional ***Smoking cessation services*** *referral*

Scan

Patients have a low dose CT scan on a mobile CT scanner at a convenient location in the local community, for example supermarket car parks

Use of AI tools *to analyse CT scan results*



Report

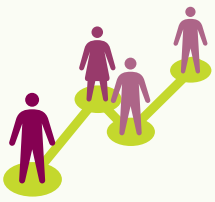
Results of the health check and scan are reported to a central TLHC body and the patient is referred to secondary care services if further testing or treatment required

Patient management system to support a streamlined journey through the pathway



Smoking cessation services

All patients who are current smokers are provided the opportunity to speak with local smoking cessation services as part of their lung health checks whilst attending their appointment at the mobile unit, which Nottingham and Nottinghamshire ICB view as an integral part of their TLHC programme. Alongside this, eligible patients in Nottingham City are offered e-cigarettes as part of a package of smoking cessation interventions – a step that they are piloting in the region.



Utilising AI tools

AI software was built into the TLHC delivery model, speeding up time to analyse CT scans – increasing accuracy of referrals and ensuring patients received follow up treatment quickly if they needed it. The software also enables better data capture and sharing through standardised data entry tools.

How was outreach conducted?

Nottingham and Nottinghamshire ICB conducted a vast range of local stakeholder outreach at all stages of development of their TLHC programme – from engaging primary care providers at an early stage, to tailoring communications for eligible patients informed from community engagement with local councillors, faith groups, resident development officers, social prescribers and the voluntary sector. This engagement was driven by Lizzie Barrett, Campaign and Communications Manager at the ICB.



- **Primary care**

  GP surgeries and community pharmacies were engaged at an early stage to better understand the population demographics to tailor outreach. A clear model was developed to outline primary care responsibilities to encourage buy-in, for example incidental findings were managed through secondary care – protecting primary care capacity



- **Community experts**

  The ICB liaised closely with Resident Development Officers to understand the locality and opportunities for outreach through community groups and events, as well as understanding the best location for a mobile unit to maximise accessibility



- **Reaching patients**

  Lizzie made it a priority to understand the population, audience, and health and care profiles of the different areas to identify the best routes to engage with eligible patients.

  Outreach tactics included:

  - **Radio advertising:** including translating adverts into different languages, such as Urdu, depending on the area's population
  - **Public transport**: analysing bus and tram routes in the local area so as to prioritise advertisements on routes that would be within the vicinity of the mobile unit
  - **Social media:** targeted social media outreach increased engagement by directing adverts towards specific age ranges and locations in line with when groups would receive invites to a screening
  - **Animation explainers:** an animation video explaining what to expect when attending a TLHC, translated into 9 languages – the most common languages spoken across Nottingham City
  - **Community events:** hosting events in areas of low uptake, in partnership with patient groups such as the Roy Castle Lung Cancer Foundation



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Nottingham and Nottinghamshire's key learnings for driving uptake

1 Location



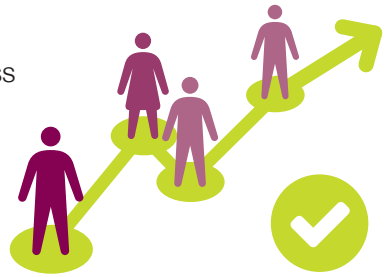
Having a community-embedded delivery model increases accessibility, and provision of free transport supports those who can't make their own way to the TLHC. Co-locating scans with other community hubs, such as supermarkets, leisure centres or community centres increasing the convenience for patients to attend their appointments and reducing 'did not attends'

2 Education



Ensuring advisors on the unit are trained to clearly explain the offer and manage expectations of the service, including that it is not mandatory. Tailor communication tools to provide information about what to expect at an appointment, adapted for non-English speakers and those with accessibility needs

3 Monitoring



Utilise tools, such as patient management systems, to monitor a patient's progress through the pathway and provide continuous data reporting to ensure standards are met, such as waiting times between appointments, which can cause lower uptake through natural drop-off

What next?

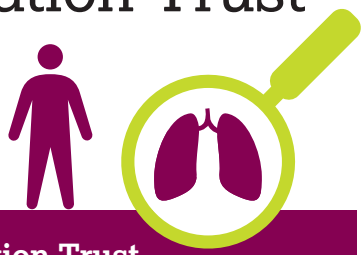
Going forward, Nottingham and Nottinghamshire ICB have developed localised surveys which they intend to share with all patients that have been through the programme to assess and evaluate their service offering, to ensure that the needs of their local populations are continually being met to a high standard.

There is also ongoing learning and evidence-based refinement of incidental findings to improve the patient journey with a focus on outcomes and patient experience. The programme also has a clear link with the rest of the system in terms of planning for workforce and future resource required.

For further information on the work that the NHS Nottingham and Nottinghamshire ICB is doing, contact Lizzie Barrett at **lizzie.barrett@nhs.net**.

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Great Western Hospitals NHS Foundation Trust
Collaborating for better lung cancer outcomes in Swindon



This case study outlines how Great Western Hospitals NHS Foundation Trust set up Targeted Lung Health Checks (TLHC) in Swindon, leveraging knowledge and experience from key stakeholders to drive awareness of their programme and achieve programme uptake that is double the national average. AstraZeneca has initiated and funded the development of this case study summary following an insights gathering interview with the team involved in delivering TLHCs at Great Western Hospitals. AstraZeneca did not initiate, fund or develop the TLHC programme itself.



What was the context?

Great Western Hospitals NHS Foundation Trust received funding for the project in November 2021, as part of Phase 3 of the TLHC programme, and delivered its first check in September 2022. Since the programme was launched at the Trust, over 19,000 local people have been invited for a telephone health check and over 4,000 scans have taken place.[15] So far, the programme has identified 20 people with cancer as well as encouraged many people across the area to give up smoking.[15]

The Trust has achieved an uptake rate of 76%, which is over double the national average of 35%.[14] This high uptake has been driven by several factors, for example the Trust solidified key stakeholder relationships at an early stage allowing them to leverage expertise to setup an efficient and effective service. Additionally, the service benefited from the Government announcement of a national TLHC programme for high-risk individuals, which came just six months after the Trust's programme had been established and helped raise awareness of the new service, demonstrating the positive impact of nationally coordinated initiatives on patient engagement.

Key lessons from the Great Western Hospitals NHS Foundation Trust in establishing and running a TLHC



1 Engage early with all relevant stakeholders

The Trust proactively engaged with relevant departments and stakeholders even before the formal TLHC agreement was in place, ensuring that relationships were solidified, and plans were in place ready for the launch of the programme. Key stakeholders included the local lung team as well as key supporting teams such as radiology and primary care. Alongside this, the Trust collaborated with IT teams to ensure IT systems compatibility, which is a key concern across all TLHC sites. By working together, issues were addressed in a timely manner, allowing data sharing across all partners and resulting in a more streamlined patient journey.



2 Check in regularly with key stakeholders

The day-to-day operations of running the Trust's TLHC programme is overseen by the hospital team, who meet regularly to discuss key successes and barriers. Outside of these meetings, separate governance arrangements are in place to evaluate how the programme can adjust its approach in response to feedback and shared best practice. The primary care team also joins these meetings when useful to facilitate knowledge dissemination, along with a local Macmillan GP who attends all meetings to provide a primary care perspective throughout.

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The Great Western Hospitals NHS Foundation Trust team also meets with InHealth, an independent provider, and Thames Valley ICB on a regular basis, to align on the operation of the TLHC as well as any other issues, such as understanding the impact of the programme on primary care in light of the number of incidental findings. Separately, the project managers of the TLHCs meet with the local council to align on smoking cessation initiatives as part of the health checks.



3 Ensure IT systems support the programme

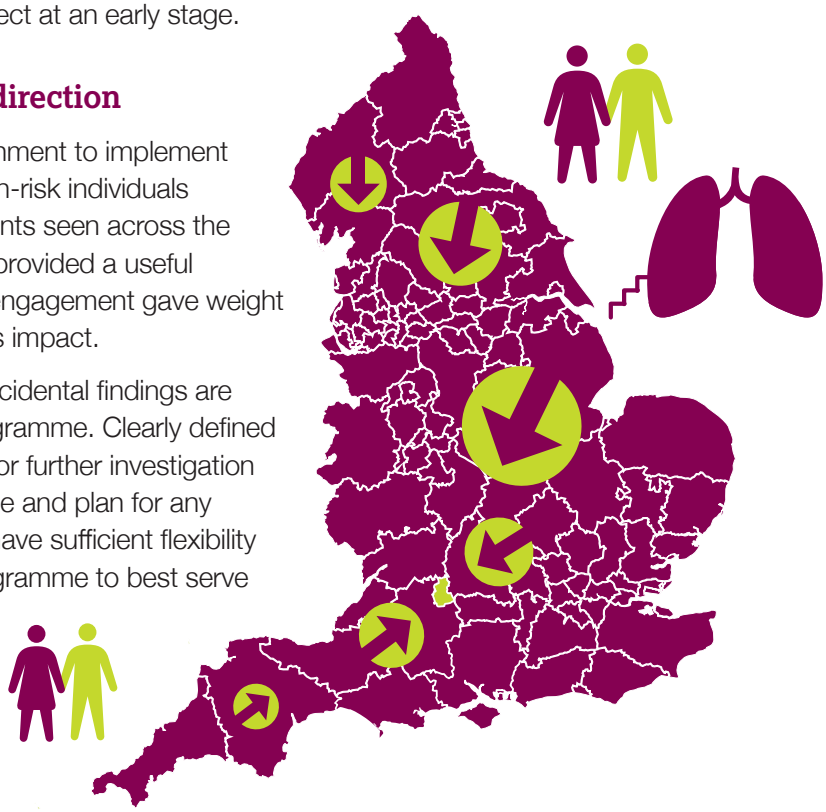
The TLHC programme at the Trust is run with software that allows the programme to run more effectively through using a traffic light system to categorise CT scan results, enabling more effective triaging of patients into the right follow-up services. Lower-risk results are reviewed on a weekly basis, whereas higher-risk results are sent immediately to the relevant hospital team for review – ensuring patients at greatest risk receive the necessary follow-up appointments as soon as possible.

The software system used for the Trust's service has been tried and tested and tracks a patient from generation of a screening invite all the way through to their CT scan and triage – providing a clear overview for clinicians to manage the process. Swift integration of this software into the service was facilitated through collaboration with IT teams who were brought onto the project at an early stage.

4 Leverage momentum from national direction

The timely announcement from the UK Government to implement a national TLHC screening programme for high-risk individuals contributed to the strong uptake in appointments seen across the service at the Trust. National level messaging provided a useful reminder for patients, and top-down political engagement gave weight to the programme's direction and increased its impact.

Consideration will need to be made for how incidental findings are managed through the rollout of a national programme. Clearly defined processes to triage results and refer patients for further investigation if needed, will support local services to manage and plan for any additional demand. These processes should have sufficient flexibility embedded to allow local teams to tailor a programme to best serve the needs of their populations.



Tailoring your approach to local needs

To truly build on the national direction, it will be important to recognise the flexibility needed across different geographies to deliver a service fit for local populations. For example, capacity constraints at the Trust meant that an in-house service could not have been feasible, and instead the organisers contracted an independent service which not only provided additional capacity, but also offered a remote service that patients were able to access in their community at an easy to reach location.

The hospital contracted InHealth, a specialist provider of diagnostic and healthcare solutions which runs the mobile screening units. As InHealth has been involved in running TLHCs in other locations, its experience in running this service has been helpful to the Trust in identifying appropriate tools to contribute to service delivery, for example, the digital patient management system. Furthermore, the team at the Trust is able to update the software according to their local needs, which aids collaboration. To further incentivise uptake, the Trust has implemented a "pay per scan" agreement with the provider, ensuring patient attendance at appointments.

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What is the patient journey through a TLHC at the Great Western Hospitals NHS Foundation Trust?

The Trust has incorporated the lessons set out above, to develop a patient-centred approach to delivering lung health checks:

Pre-invite

Eligible patients receive a letter noting they will get an invite to participate in the TLHC programme

- At this stage, patients are entered into InHealth's IT system, which allows clinicians to track their progress through the pathway



Invite

Eligible patients are invited through a telephone call and are then sent a follow-up letter. The original process was changed following an internal review, which found that this revised process made it easier for patients to communicate with the provider

Scan

Patients are invited to the screening unit to receive a CT scan

- The service facilitates taxis to help patients attend the check if transport is a barrier



Results & referral

Scans are categorised into a traffic light system and are actioned through a system which tracks patients from initial telephone consultation to CT scan

- All patients who undergo a CT scan receive a letter with the next steps, which is also sent to their GP
- The majority of letters, which state nothing was found, are automatically generated by the software system. For suspected cases of cancer, the letters are generated by the hospital team to ensure all relevant information is conveyed to the patient

What next?

The Great Western Hospitals NHS Foundation Trust Targeted Lung Health Check programme lead is now looking to expand the reach of the existing service in the Trust by using additional data on their local population. For example, the Trust is now awaiting the results of demographic research on inequalities, and utilising heatmaps, to further direct their service to ensure they are reaching the right people within their local populations.

Building on different stakeholder's experiences at other TLHC sites, the Trust is also looking into engaging with harder-to-reach populations, such as those who are homeless or with substance abuse issues, who may be eligible for a scan but aren't currently being captured by the service. The Trust is hoping to host a day in 2024 focused on engaging eligible patients from these harder to reach populations and encouraging them to take part in the programme.

Looking beyond the region, the TLHC team at Great Western Hospitals NHS Foundation Trust has been disseminating best practice by supporting the establishment and running of TLHCs in new locations across the Thames Valley Cancer Alliance, including in Oxford and Reading.

For further information on the work that the Great Western Hospitals NHS Foundation Trust is doing, contact Rachel Smith, Responsible Assessor, at **rachel.smith46@nhs.net**.

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Conclusion

The importance of moving at pace to implement lung cancer screening has been recognised through the continued prioritisation of TLHCs in NHS England's planning guidance,[16] its inclusion within the Scottish Government's Cancer Action Plan for 2023-26,[17] and the piloting of lung health checks in Wales.[18] There is now an opportunity to ensure that the programme is implemented as efficiently as possible, leveraging the learnings, insights and successes from other sites to diagnose lung cancer earlier and improve patient outcomes.

For the full success of this programme to be realised, all UK governments should now commit long-term ringfenced funding for lung cancer screening to ensure resources for the rollout of the programme to full coverage by 2030.

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