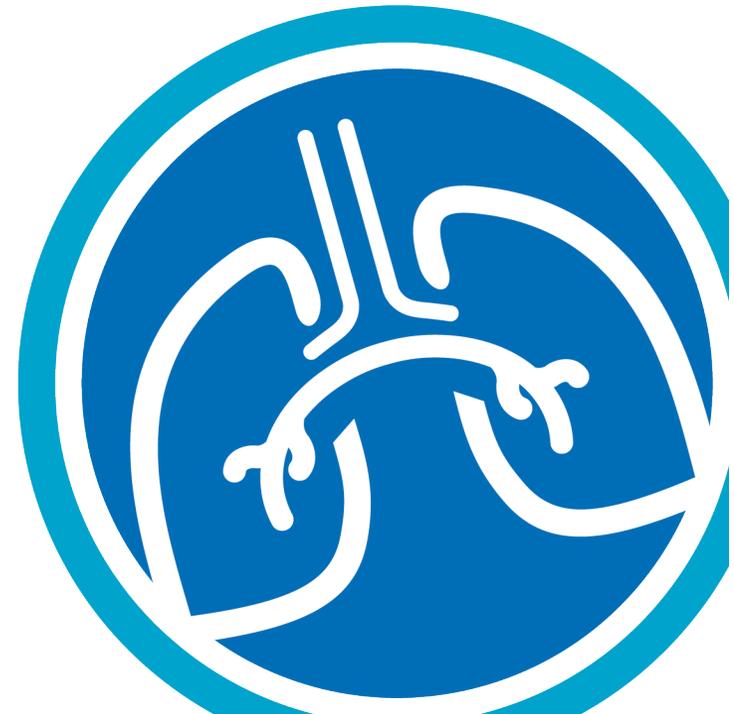


# LLR Targeted Lung Health Check Programme

February 2024

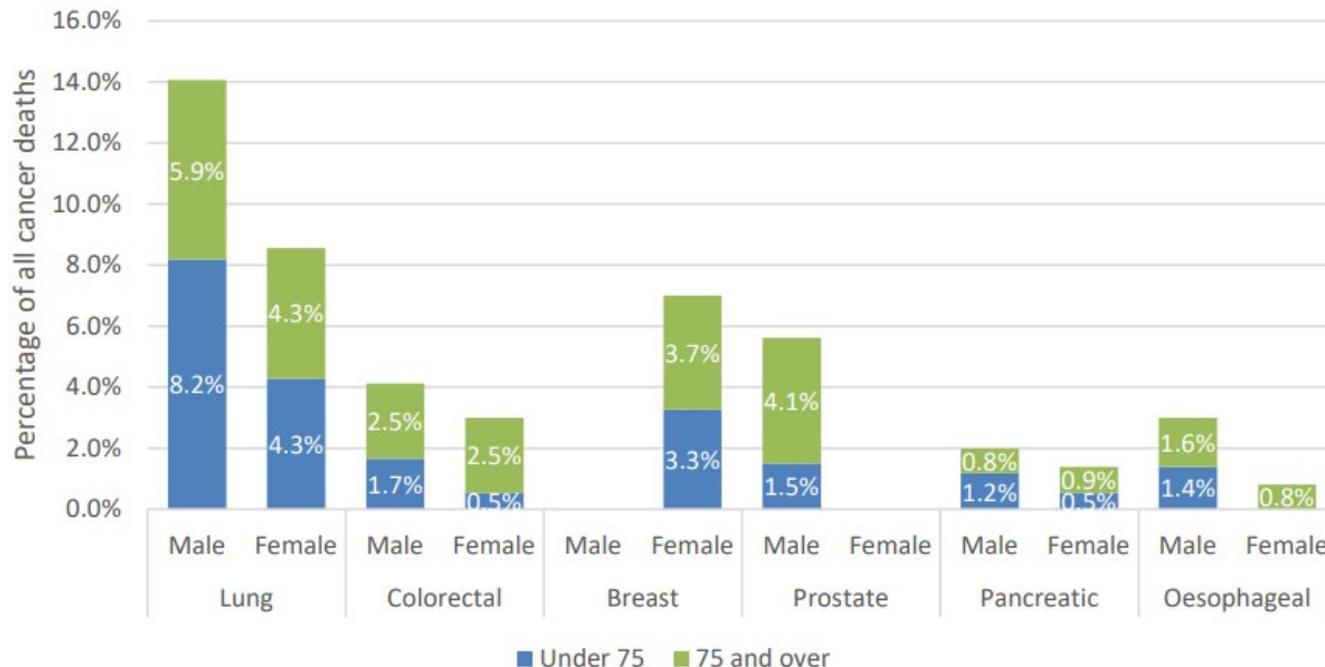
Laura Sharpe- TLHC Project Manager

Leicester, Leicestershire and Rutland Integrated Care Board



## Lung Cancer and Leicester

Figure 13: Cancer mortality by age and gender for the 6 most common cancers (2017-2019)



### In LLR:

- Lung is one of the most common cause of cancer death, contributing the most to cancer mortality than colorectal, breast and prostate cancer combined
- Smoking prevalence is higher in LLR (16%) compared to national average of 14.3%
- Smoking accounts for 72% of lung cancer cases
- Lung cancer risk increases with duration of smoking, number of cigarettes smoked and young age at smoking initiation

## What is a lung check?

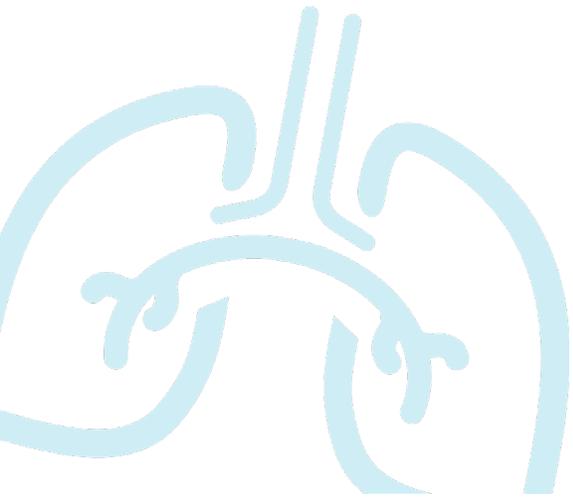
- 55-74 year old ever smokers invited
- Estimated eligible population 78,147 across LLR
- Health inequalities are at the forefront of the programme- tackling areas of high deprivation, ethnic communities or accessibility needs



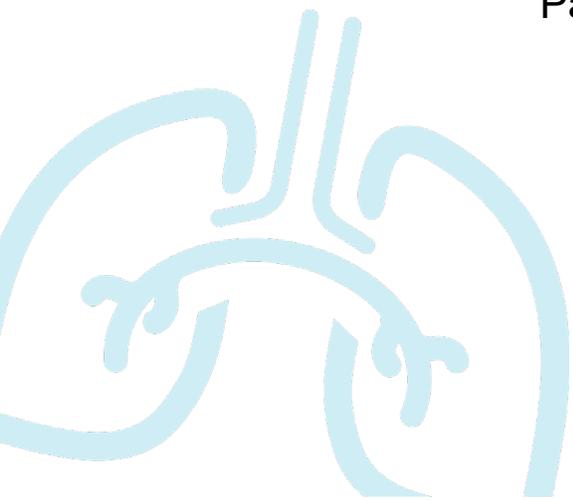
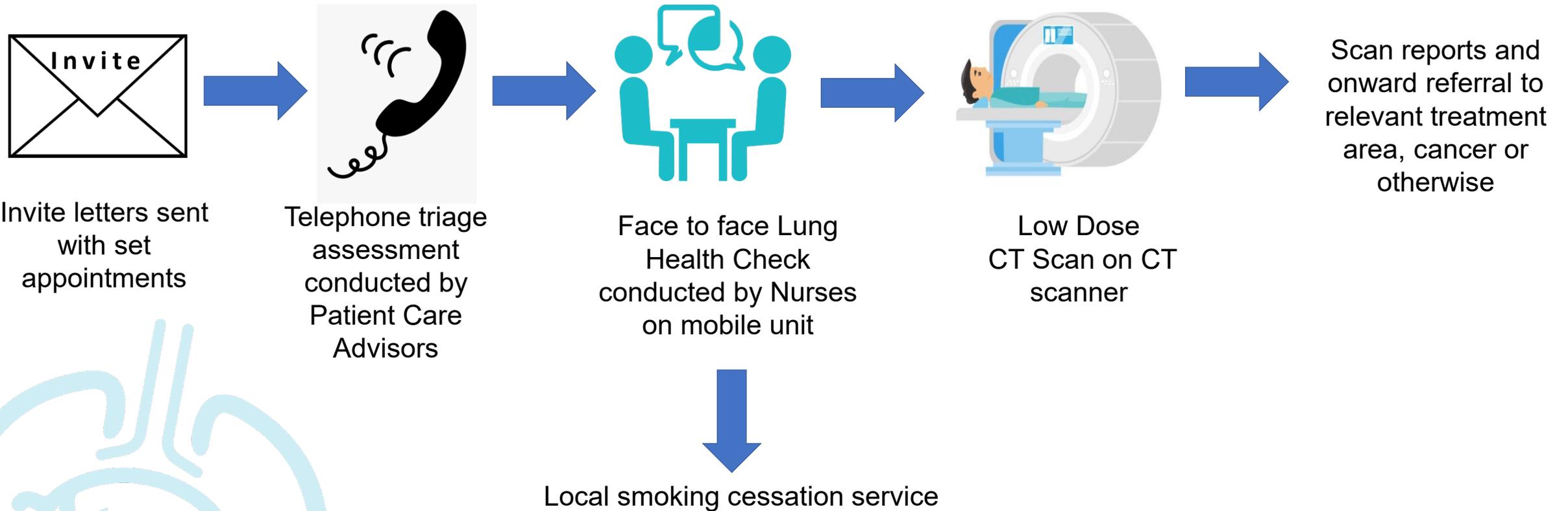
Telephone triage  
Lung Health Check (LHC)  
Risk assessment (PLCO/LLP)  
Smoking cessation



Consenting  
CT scan  
Reporting  
MDT



## What could the lung check pathway look like?

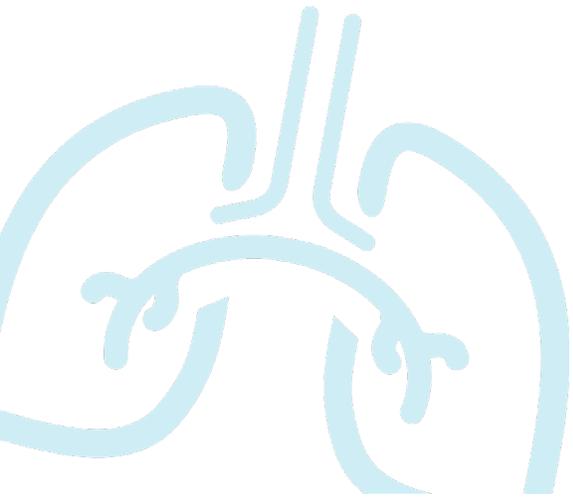


## National Picture

Over one million have been invited to date:

Indicator	Total	Conversion Rate
Invited to lung check	1,241,038	
Attended a lung check	547,293	44.1%
Total Number of scans	320,161	
Initial lung check scan performed	248,624	47.8%
Follow up scan performed	71,537	
Number of patients with incidental findings	142,594	

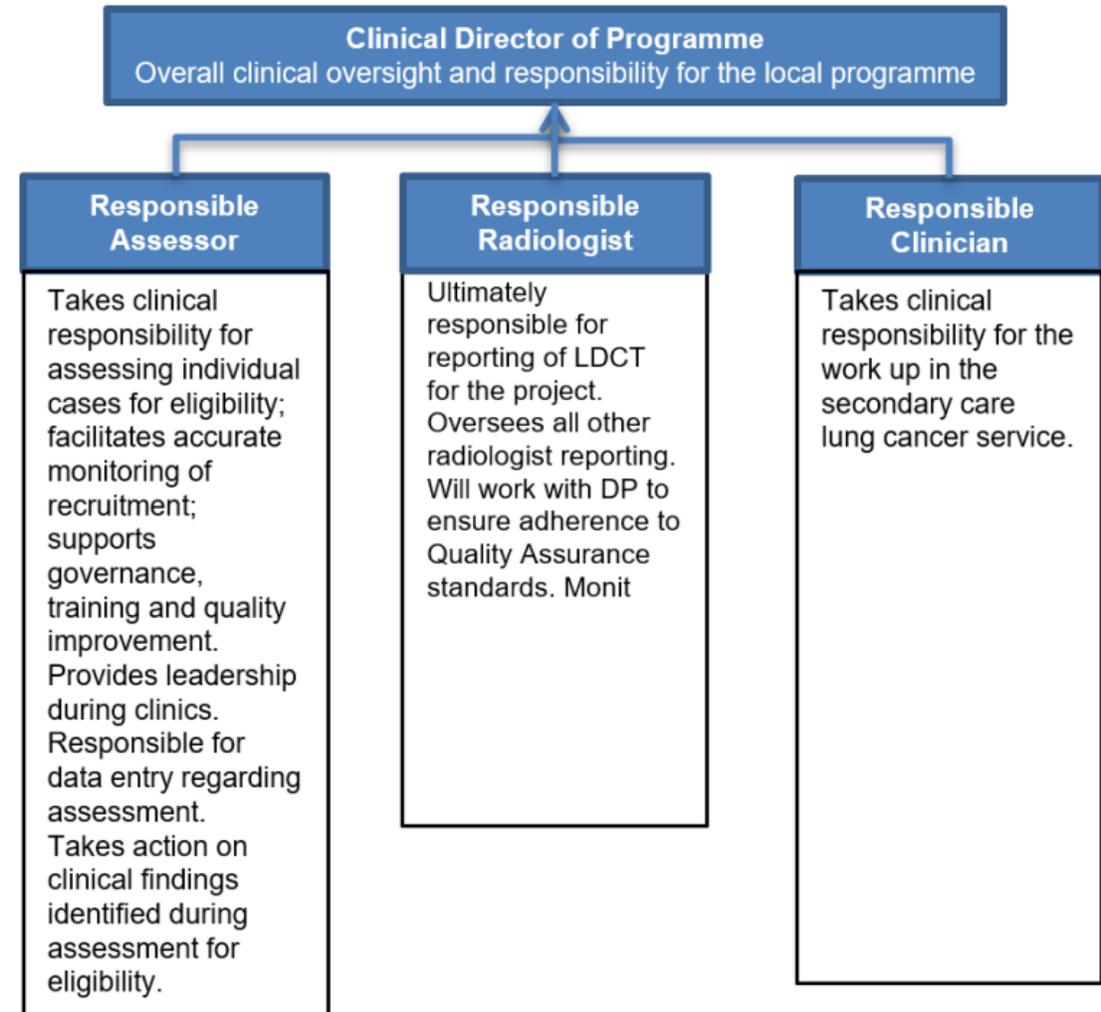
**3031 lung cancers have been diagnosed, 76% at stage 1 or 2**



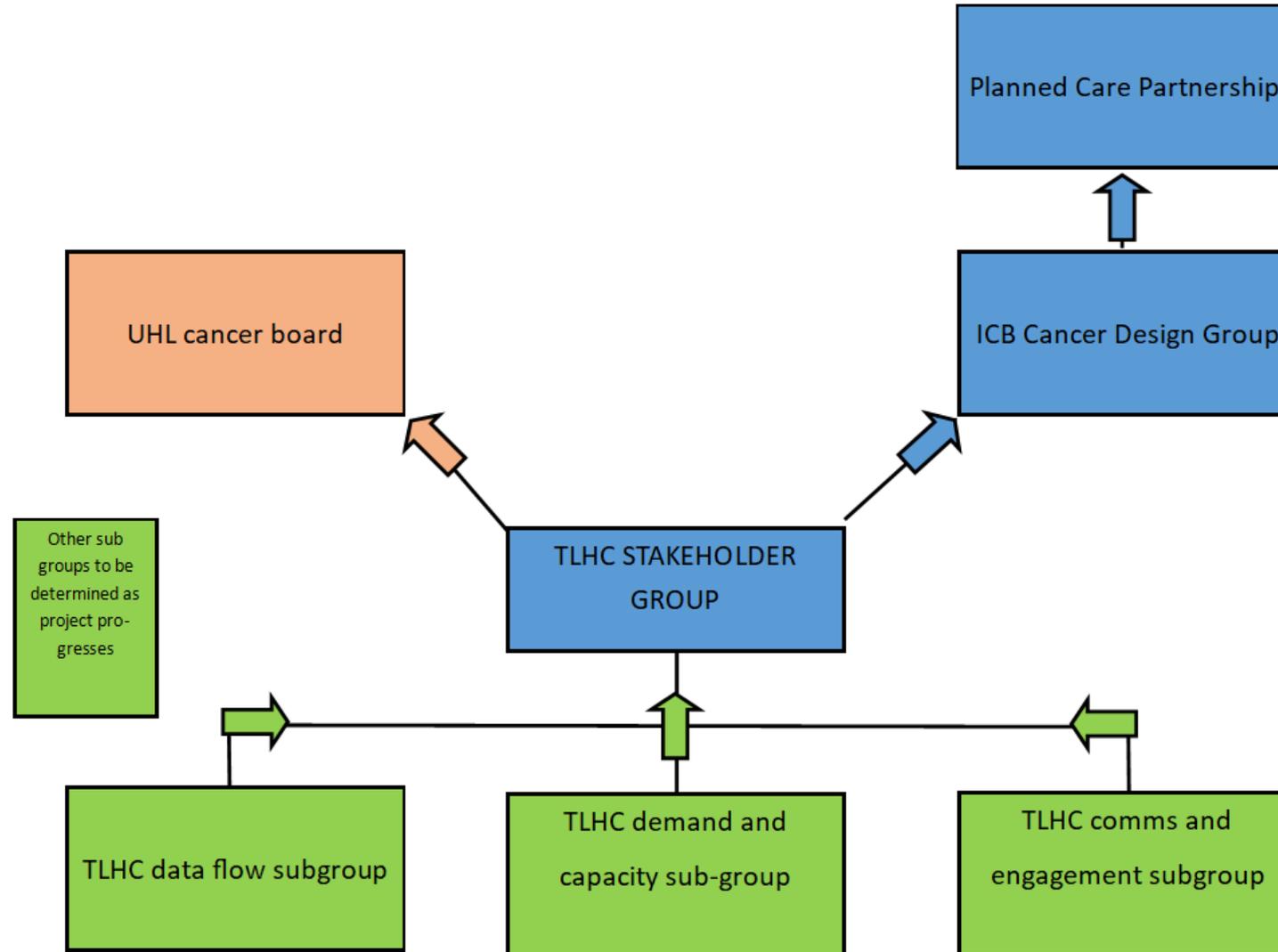
## Governance and recruitment

- Currently recruiting for a clinical director of programme, responsible assessor, responsible radiologist
- Responsible clinician in post since Autumn 2023
- TLHC project manager in post October 2023
- Seeking funding for secondary care project manager, primary care clinical lead and comms and engagement lead

**Figure 1: Targeted screening for lung cancer clinical governance structure**



## Governance



## Funding

There is a new funding model for TLHC going forward;

- £255 per completed CT scan (including FU scans)
- £50 per completed lung health check (one check per patient in a two year time frame)
- 25% of the total budget at the beginning of the year will be guaranteed
- Recruitment costs and other start up costs have been funded through the Service Development Fund

## Challenges

- Recruitment gaps in services most heavily impacted by increased activity
- current capacity issues and the need for upskilling of current staff.
- Whilst patients identified by TLHC will not be “new” patients, rather just patients caught earlier, they have potential to overwhelm the system.
- Procurement delays
- Impact on Thoracics, respiratory, Theatres, ITU, Pathology and Imaging, chemotherapy and radiotherapy
- Increased workload on primary care with incidental findings around lung damage and actions around smoking cessation, all dependent on how the project is scoped



Targeted Lung  
Health Check  
Programme



**Any Questions?**

