

West Yorkshire and Harrogate Cancer Alliance Tackling Cancer Programme

1. Introduction

In May 2018 a paper was taken to the Bradford Health and Wellbeing Board by the West Yorkshire and Harrogate Cancer Alliance setting out the case for change in the approach to tackling the high levels of lung cancer mortality in West Yorkshire and specifically in the Bradford area. Lung Cancer is our 'biggest killer' with more people dying from lung cancer than any other cancer in the West Yorkshire and Harrogate Cancer Alliance area. This is at variance to the national average where lung cancer is the third cancer highest of mortality from cancer. The paper put forward a systematic approach with four areas of intervention overseen by a programme management team. A summary of these four interventions is provided below;

1. Optimising smoking cessation support particularly in the acute trust environment
 - a. **Impact** reduction in: smoking prevalence, re-admission rates and hospital mortality (Ottawa data)
2. "Push and pull" symptom awareness campaigns and community engagement events
 - a. **Impact** Reduction in cancers diagnosed as an emergency presentation, more cancer diagnosed overall and more people offered curative surgery (earlier stage diagnosis)
3. Risk identification in primary care to promote direct to Low Dose CT (LDCT) scanning
 - a. **Impact** More lung cancers diagnosed overall and at an earlier stage offering surgical treatment
4. Optimising the lung cancer pathway
 - a. **Impact** improvement in 62-day pathway overall

The purpose of this paper is to update the Bradford Health and Social Care Overview and Scrutiny Committee on progress made to date by the Tackling Lung Cancer Programme.

2. Establishing the Programme

The regional programme manager came in to post in May 2018. Working with stakeholders has been key to establishing the programme and started with a visit to the Bradford Health and Wellbeing Committee in May 2018 swiftly followed by a regional stakeholder meeting at the beginning of June other key meetings have included;

- 23rd May 2018 – Initial meeting with MYT Cancer Manager and Lead Respiratory Consultant
- September 2018 – Project Manager for Bradford in post
- 10th October WY&H Cancer Alliance Early Diagnosis Group approved funding for EBUS equipment for BTHFT
- 10th October – Meeting with Thoracic Management Team at Leeds
- 17th October – 1st Bradford Place Meeting (start of monthly meetings)

A programme plan was developed and put in place with regular highlight reports being provided to the Cancer Alliance Board, Cancer Alliance Early Diagnosis Group and Bradford Place Meeting.

The programme team also explored and gathered the evidence base and materials from other areas to inform the programme. This work included the development of an outcomes calculation tool which has helped to estimate the potential demand on service across the system.

3. Plans for Delivery in Bradford

The Bradford Place Meeting quickly reviewed the local GP Practices with the populations at most risk and agreed on three GP Practices as the pilot delivery group. These are, The Ridge, Bowling Hall Medical Practice and Rooley Lane Medical Centre. A local plan was developed against the four interventions, which was reviewed and approved by the WY&H Early Diagnosis Group in February 2019.

Intervention	Plan for Delivery
Optimising Smoking Cessation Support	2 Smoking Cessation Advisors to provide an in house service within Bradford Hospital
Push & Pull Symptom Awareness Campaign	Direct input in to the communities where the service will be delivered to encourage up take Wider messaging to raise awareness both of the symptoms of lung cancer and benefits gained by quitting smoking
Risk Identification in Primary Care & Low Dose CT Scanning	Primary Care Lung Health Check Service delivered by 3 GP Practices working in collaboration Mobile CT Scanning Service procured from the NHS Procurement Framework via BTHFT Procurement Team. Cobalt/Siemens have been awarded the contract. BTHFT to provide reporting service and diagnostic MDT. To include communication of results to the GP and patient where appropriate.
Optimising Lung Cancer Pathway	Purchase of additional EBUS scope to improve the flow of patients on the 2WW pathway

The Bradford Place group considered the workforce options for the delivery of the Lung Health Check and agreed that this could be delivered by a primary care nurse workforce, using existing GP IT systems. A primary care specification had already been developed with reference to the work already completed in Manchester and Nottingham. The CCG has used this as the basis of a single contractual offer to the 3 GP Practices.

Work also commenced on the options for the Low Dose CT service. Evidence from other pilot areas agrees that local delivery is key. Advice from the NHS Procurement Team highlighted that service could be procured off the national framework, but this needed to be led by an acute trust. Timing of the procurement was therefore linked to the capacity and demand work which had already commenced for the Lung Health Checks. These two services are totally interdependent. Cobalt, working with Siemens, was the successful bidder both on price and quality of their offer.

A Table detailing the work completed and in progress has been provided in Appendix A.

4. Communications and Patient & Public Engagement

The programme management team has been working closely with the Cancer Alliance Communications and Engagement Manager to develop and Communications and Engagement Plan. The following engagement activities have been completed;

- Presentation and Workshop with the West Yorkshire & Harrogate Patient Panel. This included the review of patient information and distance and timing of the Low Dose CT offer
- Engagement sessions are planned in July with each PPG for the three GP Practices
- Bradford CCG Engagement Team are commissioning some direct engagement within the communities served by the three GP Practices

5. Expected Outcomes

West Yorkshire and Harrogate Cancer Alliance		© Hazel Taylor, West Yorkshire & Harrogate Cancer Alliance								NHS	
Outcomes - Based on data provided by existing pilots											
Bradford											
GP Practice	Estimate of Outcomes from Health Checks										
Total Selected Practice Population	Patients Aged 55 to 80	Invitations Sent to Patients Aged 55 to 80 less exclusions @2% (1)	Lung Health Checks Completed @30% Uptake (2)	Total Number of LD CT Scans @ 55%	Total Cancers detected by LD CT @ 5% (3)	Grades I/II @ 4%	Grade III/IV @ 1%	Nodules @ 9% (4)	Nodules doubling at 2 months @2.3% (NELSON)		
Bowling Hall/Highfield	14899	2857	2800	840	462	23	18	5	42	1.0	
The Ridge	23118	3975	3896	1169	643	32	26	6	58	1.3	
Rooley Lane	7614	1655	1622	487	268	13	11	3	24	0.6	
Totals	45631	8487	8317	2495	1372	69	55	14	124	3	
Lives Saved	58										
(1) Exclusion criteria anyone on the Palliative Care Register or anyone with a diagnosis of Lung Cancer											
(2) Patient Cohort - Self Selecting Ever smokers aged 55 to 79											
(3) Patient enters the 2WW pathway via direct referral											
(4) Patient managed on the Lung Nodule Pathway											
(5) NELSON - Number of patients with Nodules who convert to 2WW Pathway after first LD CT review											

6. Future Sustainability

The initial funding will support a one year pilot in both Wakefield and Bradford. In recognition that this will only serve approximately 10% of the population living in deprived areas, additional funding to sustain the programme is currently being sought.

Yorkshire Cancer Research has indicated that they are very interested in forming a partnership with the West Yorkshire & Harrogate Cancer Alliance. They have already agreed to provide some additional funding for the current programme, to provide smoking cessation advisors at the point of the Lung Health Checks and fund analytical support for the evaluation. An invitation has been extended to apply for full funding for both Wakefield and Bradford to allow an offer of Lung Health Checks to be made to all areas with high levels of deprivation, smoking and lung cancer.

7. Appendix

Appendix A – Table of work completed and in progress for Bradford Pilot

Planned Intervention	Outcomes Delivered or In Progress
Optimising Smoking Cessation Support	<ul style="list-style-type: none"> • Working with Bradford Council Tobacco Lead • Working with BTHFT and funded 2 smoking specialist advisers on site • BTHFT removed smoking shelters in Dec 2018 • Supported CO monitoring in OPD at BTHFT • Provided funding for a Smoking Service Pop up screen for the Trust
Push & Pull Symptom Awareness Campaign	<ul style="list-style-type: none"> • Agreed to use PHE materials Be Clear On Cancer • Working with Bradford CCG Engagement lead and Comms lead to work with 2 local Community Anchors around the wider Community Engagement with the Practices and localities • Budget allocated to Bradford CCG for the wider Community Engagement
Identification of Lung Cancer Risk in Primary Care & Low Dose CT	<ul style="list-style-type: none"> • Held successful launch meeting for the programme • Developed modelling tools for patient numbers based on Manchester/Nottingham outcomes • Worked with PH to select target practices based on social deprivation, smoking levels, lung cancer rates & deaths. • Set up local steering group/place meetings attended by stakeholders • Worked with target practice clinical, management and patient groups to ensure understanding • Agreed a primary care specification for LHC and contract in progress for pilot in 2019/20 • Procurement of Low Dose CT via NHS Supply Chain and led by BTHFT for both Bradford and Wakefield • Working with BTHFT Respiratory and Radiology Teams to develop a delivery plan for LDCT reporting and respiratory outcomes
Optimising Lung Cancer Pathway	<ul style="list-style-type: none"> • Supported the Regional Lung Cancer Respiratory Meetings • Developed and updated the local pathways in compliance with National Optimal Lung Cancer Pathways • Supported the development of local guidelines for the treatment & management of Lung Cancer • Made these available on the Cancer Alliance website, and access via OSCAR link • Supported the development of IPT pathway by day 38 – to be published • Funded additional EBUS equipment at BTHFT to support improvement to 62 day performance and increase capacity