

Ref: CCG February 2016 02

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2 February 2016

Dear

**Re: Freedom of Information Request**

Thank you for your Freedom of Information request that we received on 29 January 2016, with regards to Liverpool Healthy Lung Project.

Request/**Response**

Please could you send me any information you have so far on the Liverpool healthy lung project.

**Response**

**Background**

***Liverpool has one of the highest cancer mortality rates in England, particularly within lower socioeconomic groups. Lung cancer death rates have a significant effect on the poor health outcomes and years of life lost in these groups, and contribute to the health inequalities within the city.***

***For men Liverpool's lung cancer directly age-standardised registration rate (incidence) was 74.2 per 100,000 populations in 2009-11, which was almost double the England rate of 38.0 per 100,000. For women, the age-standardised rate in Liverpool of 56.6 per 100,000 was statistically significantly higher than the national rate of 28.5 per 100,000.***

***Expenditure on lung cancer in Liverpool was the highest from all the core cities in 2010/11. It represented 6.28% (£3.78m) of the total CCG spend on all Cancers and Tumours (£60.2m) in 2011/12.***

***Several wards in Liverpool have particularly high mortality from lung cancer: Picton, Everton, Kirkdale, Norris Green, Central, and Speke-Garston had the highest mortality rates for lung cancer in the city when pooling data for 2008 to 2012, and***

*all, with the exception of Central, had rates that were statistically significantly higher than the Liverpool rate. Everton/Picton particular have significantly higher mortality in under 75s.*

*Beyond smoking and tobacco policies, there are few other evidence based novel interventions being delivered to scale to tackle lung cancer:*

- In America, the United States Preventative Service Task force commissioned a systematic review, which concluded that there is strong evidence showing that low dose CT screening can reduce lung cancer and all-cause mortality. The review recognised that the harms associated with screening must be balanced with the benefits. Medicaid and Medicare now offer to fund annual screening for people with a smoking history ( $\geq 30$  pack-years) aged 55 to 77 years in America following this publication and other evidence, including the National Lung Screening Trial. (Humphrey LL, Deffebach M, Pappas M, Baumann C, Artis K, Mitchell JP, et al. Ann Intern Med. 2013 Sep 17;159(6):411-20 & National Lung Screening Trial Research Team. Reduced Lung-Cancer Mortality with Low-Dose Computed.*
- In England, the National Screening Committee does not currently recommend screening for lung cancer and will review the evidence in 2016 to assess whether to develop a national screening programme for lung cancer.*
- Other European countries are examining the evidence, and waiting for publication of national NELSON Lung Cancer Screening Study and UKLS (The UK Lung Cancer Screening Trial).*

*Liverpool CCG Cancer Team commenced work on a proactive Healthy Lung proposal in the final quarter of 2013, aiming to address the inequalities faced by Liverpool people.*

#### **Insight work**

*Detailed insight work, led by the Behavioural Change and Insight Team in Public Health Liverpool City Council, was undertaken in 2014. This involved 40 in-depth interviews with a sample of people at risk of Chronic Obstructive Pulmonary Disease (COPD) and lung cancer. It revealed:*

- The majority of people at high risk of being diagnosed with lung cancer and COPD were familiar with lung cancer.*
- Lung cancer is the most feared cancer – Liverpool's people have significant fear, and fatalism about lung cancer which stops people seeking professional help. To encourage people to seek early diagnosis they would need warming up to the idea.*
- There is strong awareness of links between smoking and lung cancer.*
- There is a belief that lung cancer is common in Liverpool (due to heavy industries, asbestos and pollution).*
- There is a belief that diagnosis and treatment is 'worse' than the disease itself.*

- **The importance of community engagement for people at risk of COPD and lung cancer – community champions, activities/opportunity to chat/ask questions was all well received.**

**This population needs ‘permission’ to visit their GP; the idea of requesting a test if a person has a symptom that might be lung cancer received a very mixed response:-**

- **Most would lack the confidence to ask for a test**
- **This is felt to be the doctors’ job**
- **Many were uncertain about their doctors’ response if they requested a test**
- **For those who have frequent bouts of persistent coughing, and have been tested, this seems unnecessary**
- **Fatalism - keen to avoid bad news, “I’d rather not know I had cancer”.**

**The Liverpool Healthy Lung Project became part of the ACE collaborative (Accelerate; Coordinate, Evaluate) in the final quarter of 2014, which is a nationwide collaboration between NHS England, Cancer Research UK, and Macmillan Cancer Support, sponsored by Dr Sean Duffy, National Clinical Director for Cancer. The ACE collaborative has contributed funding to Liverpool’s Healthy Lung project in funding the Project Manager for a period of 12 months, and will also provide support to evaluate data collected as part of the project.**

**The Healthy Lung Project is innovative, and aims to work with the most deprived communities in Liverpool to explore the meaning of healthy lung, to find and treat as many lung cancers as possible, and to change attitudes to cancer. Through the Liverpool Healthy Lung Project, we aim to positively impact on Liverpool’s cancer mortality rates, narrowing the health inequalities gap with the rest of England.**

#### **What we are aiming to do through Liverpool Health Lung**

**To investigate proactive approaches towards people at high risk of lung cancer in Liverpool. Through the Liverpool Healthy Lung Project, we aim to reduce Liverpool’s cancer mortality rates, narrowing the health inequalities gap with the rest of England, and to:**

- **Increase knowledge and understanding in communities, promoting positive messages around lung health, thus recognising and starting to tackle fear and fatalism in the city surrounding lung cancer.**
- **Define and find people at higher risk of lung cancer (the ‘case finding’ programme) and offer these patients intervention. For some people, this will include an offer of low dose non enhanced CT.**
- **Engage people about lung health through a lung health check at a ‘teachable moment’.**
- **Signpost patients to lifestyles support services where appropriate.**
- **Raise awareness of other cancer screening programmes, promoting uptake where possible.**

- *Via the case finding programme, identify a number of lung cancers at an earlier stage to enable early treatment and improve patient outcomes.*
- *Identify previously undiagnosed COPD (there are currently over 6,000 people with undiagnosed COPD in Liverpool: Long Term Conditions Programme Report: COPD, April 2014, Liverpool City Council).*
- *Contribute to the developing national policy and evidence around the early diagnosis of lung cancer, via participation in the ACE programme.*

*The objectives of the Liverpool Healthy Lung project will be met through a two phased pilot approach:*

- *Phase 1 – Healthy Lung Community Events aimed at increasing awareness of lung health in areas where we know lung health is worst, promoting positive messages around lung health and encouraging participation in Phase 2 of the project.*
- *Phase 2 – Invite people from a clinically targeted group at higher risk of developing lung cancer to attend General Practice for a lung health check. This will involve a calculation of their risk of developing lung cancer over the next five years (My Lung Risk, Liverpool Lung Project, University of Liverpool, 2014). A proportion of people who have their risk assessed will meet the criteria to be offered a low dose non-enhanced CT scan (risk of 5% and above – risk of developing lung cancer in the next 5 years). In the first year we will pilot this approach in specific areas of Liverpool (based on incidence/mortality): Picton, Everton, Speke and Norris Green*

*I hope you find this information useful. Any further queries, please contact [Michelle.timoney@liverpoolccg.nhs.uk](mailto:Michelle.timoney@liverpoolccg.nhs.uk)*

We wish to take this opportunity to inform you that a formal complaints and internal review procedure is available to applicants who are unhappy with responses provided to FOI requests. You can formally request an internal review within a reasonable period of time (2 calendar months) from the date this response was issued.

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The ICO can be contacted at:

Information Commissioners Office  
 Wycliffe House  
 Water Lane  
 Wilmslow  
 Cheshire  
 SK9 5AF  
[www.ico.gov.uk](http://www.ico.gov.uk)

Should you require any further information, clarification regarding this response or do not feel that your request has been answered as you would expect, please contact us to discuss.

Yours sincerely,

**Customer Relations Lead  
NHS Liverpool CCG**