Guide to Dealing with Lung Health Check Results

This document is meant as a guide to dealing with the Lung Health check results. I am the Clinical Director of the program and a GP by background so hopefully you will find it useful, but as I know very well each practice has their own ways of doing things.

What will you receive?

1. A full CT scan report – this is mandated by NHSE – you will get the full report from our reporting team which will show everything seen on the scan.
2. Summary finding letters. Each diagnosis has its own diagnosis letter (known as G letters), and therefore you may receive more than one for each patient if there is more than one finding. There are about 40 different ones currently.
3. For some patients you will receive a SCREENING MDT OUTCOME – LOOK FOR THIS DOCUMENT FIRST! This is the outcome from our screening MDT, where all patients with a significant finding are discussed and the decisions made by screening MDT regarding follow up and referrals and should reassure you that significant findings are dealt with.

You should receive all this data for each patient together in one batch

What will patients receive?

Just one thing – P letter(s) that directly correspond to your G letter mentioned above. Those people with Coronary Artery Calcification or Emphysema also receive a supplementary letter from me (more later)

What do we do with them?

(Please see the separate decisions trees with general information on Coronary Artery Calcification and Respiratory Conditions)

Obviously, each practice has its own way of dealing with letters but clinically:

1. All patients who require a referral should be picked up by the screening MDT. If not, we can investigate why and what the issue is
2. Look for the screening MDT note – there are two issues that occasionally require a GP review

   i. Patients who have consolidation who may require antibiotics – a little like those A&E CXR – the MDT tends to organise a 3/12 f/u scan as well
   ii. Patients with thyroid compression on the trachea on whom we can't tell if it's clinically affecting them
3. All nodule follow-ups etc. should be sorted automatically by the LHC team – if you find someone has slipped through, please let us know
4. Coronary Artery Calcification (CAC): This is the primary diagnosis that is not dealt with by secondary care, and in Doncaster is about 58% of patients. Local cardiologists do not want to see these people unless they have cardiac symptoms. Patients with CAC also receive a letter from myself, which in summary says if you have high blood pressure, are on a statin, or have known heart disease then speak to your practice about this at your next review, not more urgently. Those patients who do not may well contact you. They need a QRISK2 score, which would be expected for all men and women >62 to be positive at the 10% level even if patients are now non-smokers, and then appropriate follow up from there
5. Emphysema (about 20%): Patients with severe emphysema will be offered a routine secondary care clinic appointment. Those with mild or moderate emphysema will be sent back to primary care. A good number of these patients are known to primary care, and they also receive a letter from me to say that they just need to discuss the result at their next planned review. For those where it is a new finding, they are likely to contact you. Each practice has its own way of dealing with these patients
6. BP checks are part of the LHC. Patients who need further BP readings based on high results on the truck will be signposted as a first choice to local pharmacies using the new national contract for Pharmacists

Hopefully that is useful.

I'm happy to take email requests / suggestions on jason.page1@nhs.net
Our team within the CCG / place is available on syicb-doncaster.sybtlhc@nhs.net
Acacium organises the appointments, sends the results letters, and does the Lung Health Checks, and the team can be contacted on xyla.ctlhcadmin@nhs.net

Dr Jason Page

Clinical Director Targeted Lung Health Checks
South Yorkshire and Bassetlaw Cancer Alliance