Manchester Health and Wellbeing Board Report for Resolution

| Report to: | Manchester Health and Wellbeing Board – 1 November 2017 |
|------------|---|
| Subject: | Lung Health Checks |
| Report of: | David Regan, Director of Population Health and Wellbeing Janet Tonge, MCIP Programme Director |

Summary

A highly successful lung health check service has been developed as part of the Macmillan Cancer Improvement Partnership (MCIP) programme which invites smokers and ex-smokers for a lung health check coupled with a Computerised Tomography (CT) scan if above a risk threshold for lung cancer. This has enabled Manchester residents to be offered curative intent treatment for a disease where survival is normally less than 250 days.

Dr Phil Barber, the Early Diagnosis and Clinical Operations Lead for MCIP, will attend the Board to support the presentation of this report.

Recommendations

The Board is asked to:

- Recognise the successful implementation of the lung health check service
- Note the planned expansion of the service into north Manchester

Board Priority(s) Addressed:

| Health and Wellbeing Strategy priority | Summary of contribution to the strategy |
|--|---|
| Getting the youngest people in our | |
| communities off to the best start | |
| Improving people's mental health and | |
| wellbeing | |
| Bringing people into employment and | |
| ensuring good work for all | |
| Enabling people to keep well and live | Reducing premature mortality caused by |
| independently as they grow older | lung cancer |
| Turning round the lives of troubled | |
| families as part of the Confident and | |
| Achieving Manchester programme | |
| One health and care system – right care, | Putting lung health checks in the |
| right place, right time | community using a one-stop shop |
| | approach to make them easy to access |
| Self-care | |

Lead board member: David Regan, Director of Population Health and Wellbeing

Contact Officers:

Name:Janet TongePosition:MCIP Programme DirectorTelephone:0161 765 4122E-mail:janet.tonge@nhs.net

Background documents (available for public inspection):

None

Introduction

1. The Macmillan Cancer Improvement Partnership (MCIP) is a partnership between commissioners and providers together with people affected by cancer to design, commission and implement quality improvements in cancer care across Manchester. It is hosted by Manchester Health and Care Commissioning. It works via its Partnership Board supported by project specific steering and working groups. MCIP is funded by Macmillan Cancer Support until December 2017. The MCIP Programme has several change work strands one of which is the lung cancer early diagnosis work which is the focus of this report.

Background

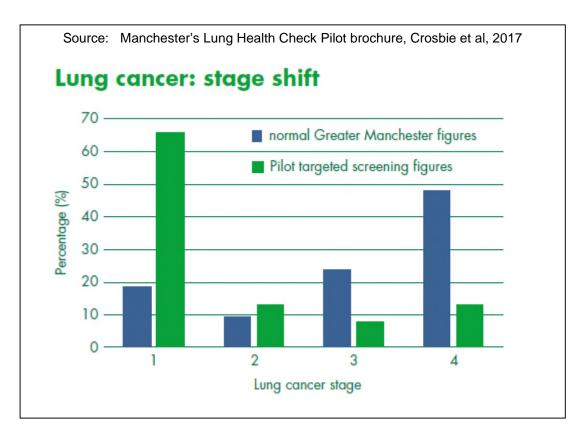
- 2. Work to increase the early diagnosis of lung cancer was identified as a major part of the MCIP programme because:
 - Manchester has a very high incidence of lung cancer with North Manchester having the highest lung cancer incidence rate in England.
 - The majority of lung cancer is diagnosed late when curative treatment options are no longer available.
 - The survival rates for a lung cancer diagnosed at an early stage are significantly better: fewer than 1 in 5 people diagnosed with stage IV lung cancer survive 12 months or more, but 8 in 10 for cancers found at stage I (Cancer Research UK (CRUK), 2016).
- 3. Evidence from a large scale Randomised Control Trial (RCT) in the US, the National Lung Screening Trial, demonstrated a 20% reduction in lung cancer mortality through using low dose CT compared to Chest X-Ray to screen lung cancers in non-symptomatic high risk individuals (Aberle et al., 2011). Information from this trial and other associated work was used by MCIP and the Respiratory team at Manchester University Hospitals Foundation Trust based in Wythenshawe to design a pilot NHS service aimed to find lung disease, especially lung cancer, at an earlier stage and test an approach to:
 - Increase the number of lung cancers diagnosed at early stage
 - Increase the proportion of patients diagnosed with lung cancer that can be offered curative treatment
- 4. The pilot is the first community based one-stop Lung Early Diagnosis Service in England. The pilot was included in the Accelerate Co-ordinate Evaluate (ACE) programme wave one for cancer innovation sponsored by NHS England, Macmillan and CRUK. Approaches using the same RCT evidence are being trialled in Liverpool, London and Nottingham – but Manchester's is the only one-stop shop in the community.

- 5. The lung clinical lead for MCIPis Dr Phil Barber, the Early Diagnosis clinical operational lead: Dr Richard Booton and research lead is Dr Phil Crosbie, all Manchester University Hospitals Foundation Trust Respiratory Physicians. Expressions of interest were sought from volunteer GP practices to take part and 14 were chosen based on deprivation, incidence and geographic clustering. The three Manchester Macmillan GPs, Dr Sarah Taylor, Dr Denis Colligan and Dr Amanda Myerscough led primary care aspects of the work. Community Engagement work was led by the CCG's in conjunction with Manchester City Council and Macmillan Cancer Support.
- 6. Detailed infomation about the service oeration is contained in the brochure Appendix 1 and summarised below. The Lung Early Diagnosis pilot is in two parts: a Lung Health Check including spirometry, assessment of lung cancer risk and a low dose CT scan if soemone was above the risk threshold:
 - The service is for those at high risk of developing lung cancer that is current and ex-smokers, aged 55-74 in participating practices.
 - A booking team contacted patients in the eligible age range in a participating practice by letter (on GP letter head) and invited them to book a lung health check if they were either a smoker or an ex-smoker.
 - Patient information was provided to help invitees decide if it is something they would like to take-up.
 - Both the lung health check and CT scan was provided in mobile facilities and community settings such as supermarket car parks which meant easier access and no waiting between lung health check and CT scan appointment.
 - Smoking cessation brief intervention was provided to current smokers
 - If risk asessment suggested that a CT scan was needed it was done immediately after the lung health check appointment.
- 7. Where immediate concern was evident from the CT scan report participants were assessed by a multi-disciplinary cancer team and if appropriate moved into the Manchester University Hospitals Foundation Trust RAPID pathway for further diagnosis testing and treatment. This meant that any further tests were done quickly. A lung nodule risk management protocol was used to reduce overdiagnosis and unecessary testsing with some people invited for a three month check-up scan. Those identified as potentially having other conditions were referred to their GP with recommended follow up action.
- 8. The pilot started in June 2016. For this phase there were 2400 lung healrth checks avilable. We were delighted that all available health check slots were rapidly filled with additional lung health offered to meet excess demand. 12 month follow up scans have recently taken place.

Results summary

- 9. The results of the pilot were significant in that the pilot generated a stage shift in staging and associated ability to offer curative treatment:
 - 46 lung cancers were found in 42 people
 - Almost 80% of lung cancers found at an early stage (I+II)
 - Nearly 90% were able to be offered curative treatment options.

The graph below illustrates the difference found in the pilot compared to the usual situation.



- 10. Uptake was also stronger than initally anticpated and additional demand appointment had to be offered:
 - More than 2,500 people came for a Lung Health Check.
 - A third were current smokers; three quarters were from the most deprived areas
 - Did Not Attend (DNA) rates were low

Indications of other significant disease have also been made through the pilot such as other respiratory diseases (Chronic Obstructive Pulmonary Disease (COPD), Emphysema), heart disease and other potential cancers which required further investigation. The potential for lung health checks to impact respiratory health across Manchester is considered to be very sgnificant – and also raises the possiblity of a significant opportunity to improve heart health.

- 11. Critical to acheiveing this was the grass roots community enagement undertaken by the Council and CCG's teams. Patient experience was also very positive. A snap shot survey conducted on the mobile unit of 211 people found:
 - **99%** of patients thought the care and treatment, waiting time, location and communications of the Lung Health Check (LHC), was excellent or good.
 - **98%** of those a CT scan thought the communications at the CT scan was excellent or good.
 - **100%** felt the facilities at the LHC were regarded as excellent or good
 - 97% of people would recommend the service to a friend or family member.
- 12. Two Manchester qualitative studies have been conducted, including by MCIP's external evaluators which reported the invitee target group felt:
 - a service of this type was welcome as many current and former smokers were worried about possible lung disease including cancer
 - that the service would offer the benefit of early treatment or reassurance about lung health.
 - that the one-stop community design was helpful in people accessing the service

Michael Brady from Harphurey who was diagnosed with cancer through the service has kindly allowed himself to be filmed speaking about his experience. This can be viewed via: <u>https://www.youtube.com/watch?v=pqTCT3aGTJs</u> His film will be shown in the meeting.

- 13. Formal evaluations of the service are currently being completed including health economics. However, this suggests the Incremental Cost Effective Ratio (ICER) is below the National Institute of Clinical and Health Excellence (NICE) threshold. NHS England have requested this is used a case study of best practice transformation in their forthcoming report.
- 14. There has been considerable interest in the approach from Cancer Alliances and public health teams across the country and also from America and Canada. It has also featured several times in local and national broadcast news. A conference to share learning from the Manchester work was held in September and was attended by around 130 delegates

Next steps

- 15. The results of the 12 month follow up scans are being assessed at the time of writing. A questionnaire survey has also been conducted as part of the 12 month follow up which includes questions about the impact of the health checks on smoking. Research elsewhere suggests that a lung health check and following investigations for a 'teachable moment' and additional motivation both for smoking quits and motivation to stay quit. Also due to cardiac risk indicated in the first wave of scans, Q Risk scores which calculate heart disease risk are being assessed. The result of this are not yet available but early indications are that there are many people with high levels of previously unknown cardiac risk who would benefit from further investigation, lifestyle changes or cholesterol lowering medication.
- 16. Significant opportunities exist to impact population health through this service which will be maximised through:
 - Close working with smoking cessation services and inlcusion of more cessation advice and support
 - Exploring opportunities to improve heart health as part of the check
 - Further research into ways to reach those who will not readily acess the service including design and testing of public health educational materials
- 17. Manchester Health and Care Commissioning (MHCC) announced on 29/9/17 that the lung health check service would be expanded to cover all North Manchester GP practices. The expansion of the service will mean an additional 20,000 people would be eligible for a lung health check with around half expected to take up the offer. Operational details for the new service are being worked up but it is expected to commence around Summer 2018.
- 18. The GM Health and Social Care Partnership have expressed strong interest in expanding the work and have included rollout of lung health checks as an intention the first Population Health Plan for Greater Manchester (subject to successful evaluation). Janet Tonge, MCIP Programme Director and Dr Richard Booton are working with the Health and Social Care Partnership to help inform development of the business case, understand capacity requirements and challenges to operating at scale.





"We have hard evidence now that CT scanning high-risk patients helps us to identify cancers early enough to cure them."

Dr Phil Barber MCIP Lung Clinical Lead



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Lung Health Checks to be rolled out across North Manchester

Manchester's highly successful Lung Health Check pilot is to be expanded to benefit thousands more people at high risk of lung cancer in the north of the city.

Due to the success of the Macmillan Cancer Improvement Partnership (MCIP) pilot with University Hospital of South Manchester NHS Foundation Trust, Manchester Health and Care Commissioning has agreed to provide £4 million of NHS funding to roll out the service in North Manchester, where death rates from lung cancer for under 75s are the highest in England.

Ian Williamson - Chief Accountable Officer, Manchester Health and Care Commissioning said: "We are committed to reducing the unacceptable number of deaths in North Manchester from lung cancer. We are very pleased to be in a position to take this forward and enable thousands more people in North Manchester to benefit from Lung Health Checks."

Dr Richard Booton, UHSM Lead Lung Cancer Clinician said: "This new funding means we can build on the success of the pilot Lung Health Check service and take the ground-breaking service out to many more people who are at risk from lung cancer. If we can catch lung cancer early enough we can often cure it. This service allows us to do just that."

Janet Tonge, MCIP Programme Director said: "Thousands more people will get the chance to benefit from this service and that's just great. The expansion will create a legacy of improved health care and is one MCIP's major achievements."

Lung Health Check patient, Michael Brady, who was diagnosed with stage one lung cancer after attending the LHC pilot in Harpurhey said: "They didn't hang about did they? I think it's great that they've decided to let other people have this opportunity so quickly after the results have come in. It's an absolute no-brainer." **READ MICHAEL'S STORY ON PAGE 7**



The Lung Health Check Pilot's first patient Paul Murphy pictured inside the mobile scanner unit at Harpurhey Shopping Centre car park

Lung Health Check Overview

The Macmillan Cancer Improvement Partnership in Manchester (MCIP) in collaboration with the lung cancer team at the University Hospital of South Manchester (UHSM) established a new pilot service to detect lung cancer earlier in some of Manchester's most deprived areas. The service was funded by Macmillan Cancer Support and commissioned by Manchester Clinical Commissioning Groups.

The purpose of the Lung Health Check was to find lung disease, especially lung cancer, at an earlier more treatable stage. Evidence shows that lung cancer survival rates are much higher the earlier a lung cancer is found. We also wanted to test the feasibility of running a targeted screening pilot in Manchester's deprived areas – what people would think of it and whether they would use it. This was the UK's first community-based low-dose CT lung cancer screening NHS one stop shop service.

What we did

We contacted all those aged 55 to 74 in the 14 participating GP practices by letter, on GP letter head, and invited them to book a Lung Health Check if they were either a smoker or an ex-smoker. A leaflet came with the letter to help people decide if it was something they would like to take part in. Letters were not sent to people with a diagnosis of lung cancer within the last five years or those with a terminal illness.

The Lung Health Check was based in supermarket car parks with a one-stop shop design to make taking part as easy and convenient as possible. It was conducted by a lung specialist nurse and included discussion about symptoms, a breathing test (spirometry) and calculation of a person's individual lung cancer risk. Anyone at high risk of lung cancer was invited to have an immediate low-dose CT scan in a mobile scanner in the same shopping area car park.



Community leader and former Manchester Lord Mayor Paul Murphy with MCIP Lung Clinical Lead Dr Phil Barber

Manchester City Council Health and Wellbeing Board

Those at low risk did not require a CT scan. However, anybody with abnormal symptoms and/or an abnormal breathing test were asked to contact their GP. GPs were also notified of findings so that treatment and support could be offered.

Specialist NHS Consultants reported the CT scans usually within 14 days. Most scans were negative and required no further action. On about 1 in 10 scans a nodule was found in the lungs.

These individuals had a follow-up scan 3-months later, to check that the nodule had not grown. Where there was a finding that was worrying for lung cancer, these scans were immediately reviewed by the lung cancer team at UHSM and patients asked to attend the chest clinic.

Further tests were carried out as required and treatment offered for those where lung cancer was confirmed.

CT scans may also pick up diseases other than cancer in the lungs and heart. Any significant non-cancer finding was flagged by the screening team and the result forwarded to the GP with guidance for follow-up. All those scanned in the first round were invited for a second scan 12 months after their first.

Why did we do it?

Too many people in Manchester are dying from lung cancer and there are high levels of other lung problems such as COPD. Most lung cancers are diagnosed at a late stage when survival is poor. Manchester has some of the highest rates of smoking in the country, which is a major factor in poor lung health especially in large sections of the city's deprived communities.

Lung cancer is the most common cause of death in Manchester in people under the age of 75. The combination of high levels of smoking and older age groups results in North and South Manchester having the highest rates of lung cancer in the country. Indeed the number of deaths in the under 75 age group caused by lung cancer is greater than all other cancers combined.

The pilot was based on results of the National Lung Screening Trial (NLST) in the United States. This is the world's largest lung cancer screening trial. It showed a 20% reduction in lung cancer deaths and a 6.7% reduction in deaths from any cause by scanning people at risk of lung cancer each year.

Based on the results of this trial the US Preventative Services Task Force recommends screening for high risk individuals aged 55-80.

The UK Lung Screening Trial (UKLS) also showed screening finds lung cancer at an early stage, with curative surgery offered to more than 80%.

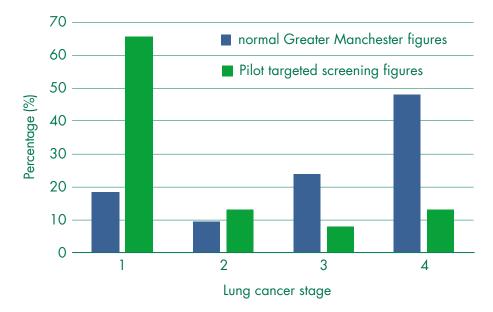
The demand was higher than we had anticipated, indeed the bookings-service was so inundated with calls that they needed to open more phone lines. The service also needed to expand the number of appointments. More than 2,500 individuals came for a Lung Health Check, an equal number were men and women. A third were current smokers and most were from very deprived areas. Of those attending the Lung Health Check, just over half had a risk level that qualified them for a CT scan.

What did we find?

We found 46 lung cancers affecting 42 patients. That's more than one lung cancer for every scanning day. Almost 8 out of 10 cancers were early stage and only 1 in 10 had advanced lung cancer (stage 4). Potentially curative treatment was offered to 9 out every 10 people with lung cancer. This is a marked difference to lung cancer diagnosed outside of screening where half of patients have advanced disease and therefore do not have a curative treatment option at the time of diagnosis.

These results show we have met our ambition of finding cancer at a much earlier stage which can be treated curatively. We have also shown that many people in Manchester wanted to take advantage of the service. The level of lung cancer we found is higher than any of the large international trials. The Lung Health Check also detected a large number of people with suspected Chronic Obstructive Pulmonary Disease or COPD and other lung conditions who had not been previously diagnosed. This means more people can be given treatment and advice to manage previously undiagnosed disease which is better for their health and less costly for the NHS.

The graph below shows the difference in the stage at which lung cancer is normally diagnosed compared to the stage at which it was found in participants of the pilot, who had not reported symptoms. It's because we found most cancers so early that we were able to offer most people potentially curative treatment.

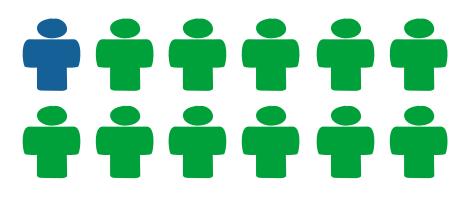


Lung cancer: stage shift

Item 6 Appendix 1 1 November 2017

What did people think of the service?

People having their lungs checked were asked what they thought of the service. 99% thought the care and treatment, waiting time, location and communication was either excellent or good. Nearly all said they would recommend the service to friends or family.



9 out of 10 diagnosed patients were offered curative treatment

What our Lung Health Check patients said...

"I'd recommend it anytime, it's so convenient, I think something like this where it takes five or ten minutes of your time and you're offered the appointment, just go."

"It's not good news but at least I know now...I still think [the Lung Health Check] is a good thing."



Elaine Walker Lung Health Check patient with Dr Richard Booton

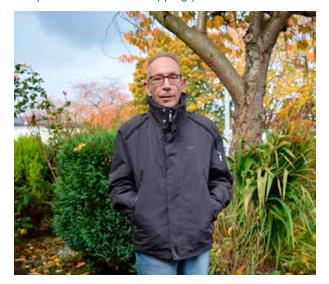
What next?

The results of the pilot are being considered carefully by Manchester and Greater Manchester Health Care commissioners to consider if future funding can be offered to expand this work further. Manchester Health and Care Commissioning has decided to commit £4 million to fund Lung Health Checks in North Manchester.

Michael Brady - Lung Health Check Patient

Michael Brady, aged 64 is a retired factory operative from Harpurhey.

He was diagnosed early with lung cancer after attending a Lung Health Check at a mobile CT Scanner unit parked at his local shopping precinct.



Michael Brady outside his flat in Harpurhey

Michael was already being treated for COPD and had regular x-rays to monitor his condition. He was invited to attend the Lung Health Check as he was aged between 55 and 74, had previously smoked and was registered with a participating GP practice.

"I was scanned on the Tuesday there and then at Harpurhey Precinct and then I was sent a hospital appointment and attended that within a week of my Lung Health Check.

"The doctor told me that they'd found a cancer in one of my lungs that was about the size of a pea. He said that it could be got rid of by radiation therapy and that I wasn't to worry.

"I know I've got cancer and it is scary, but I'd rather know. I know what I'm dealing with and I'd rather know now than in a few months or years time when it will be too late.

"I honestly feel as though this Lung Health Check has saved my life."

Michael has undergone radiation treatment at The Christie NHS Foundation Trust, Manchester.

Watch Michael's story here: https://www.youtube.com/watch?v=pqTCT3aGTJs

Hospital Clinical Team



Dr Phil Crosbie and Dr Phil Barber present the pilot at MCIP's Tackling Cancer Care in Manchester event in February 2017

The Manchester Lung Health Check was designed via MCIP and run by the lung cancer team at the University Hospital of South Manchester.

Dr Phil Barber is the Clinical Lead for the MCIP Lung Cancer Programme and Dr Phil Crosbie is the Early Detection theme lead for the Cancer Research UK Lung Cancer Centre of Excellence. Dr Richard Booton is UHSM Lead Lung Cancer Clinician & Clinical Lead for the Greater Manchester Lung Cancer Screening Service. Dr Haval Balata is the UHSM Clinical Research Fellow for the Manchester Lung Health Check Pilot. Radiologists and their teams from across the region were instrumental to the pilot's success.

GPs' Input Crucial to Success

Fourteen GP practices in three clusters based around Harpurhey, Gorton and Wythenshawe took part in the Lung Health Check Pilot.

Like the vast majority of Manchester GPs they had been highly engaged with MCIP from as early as 2013 and have worked with MCIP to increase early diagnosis rates and raise standards in cancer care and treatment.

The pilot practices played a pivotal role in communicating and engaging with patients. Without this GP input in tandem with a concentrated community engagement strategy, people would not have used the service to the extent that they did.

Denis Colligan, Macmillan GP, North Manchester CCG said: "My practice in North Manchester was signed up to the pilot. We had clear information beforehand about what was involved, and the disruption was minimal.

"Once the pilot started, the feedback from patients was very positive. The results have generated some extra work for us, but we can see the benefits in patients who have had an early diagnosis of lung cancer and subsequent treatment that has every chance of being curative."

How We Engaged With Local People

Local community engagement was used to publicise the pilot service in areas around the one-stop shop locations including local shops as well as GP waiting rooms.

This was undertaken by the Manchester Health and Care Commissioning (MHCC) Communications and Engagement team, Manchester City Council Public Health, Macmillan Cancer Support and BHA for Equality.

MCIP User Involvement volunteers also played an active role in designing and publicising the service.

The Macmillan Cancer Support bus was used as a focal point for conversations and at community events.

GP practice staff also actively talked to their patients encouraging attendance and answering questions about the service. For find

out more about how we worked with patients and carers go to: https://tinyurl.com/m6ffe43



MCIP User Involvement Volunteer Mike Thorpe mans the information stall outside ASDA Harpurhey



Community radio station, North Manchester FM broadcast information and interviews on the pilot





Manchester City Council Health and Wellbeing Board

News Sport Weather IPlayer TV Rail

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Making TV And Press Headlines

In November 2016 BBC News decided to cover the Manchester Lung Health Check pilot as an example of an innovative approach to reducing cancer death rates in deprived areas.

BBC Health Correspondent Dominic Hughes and his crew spent a day with the Lung Health Check team while they were based in the car park of Wythenshawe Forum.

The coverage was seen by more than 6 million BBC Breakfast viewers and throughout the day on the BBC News Channel and BBC News Online.

Read Dominic Hughes story here: http://www.bbc.co.uk/news/health-37923708

In mid-March 2017 we released the top line findings from UHSM's data.

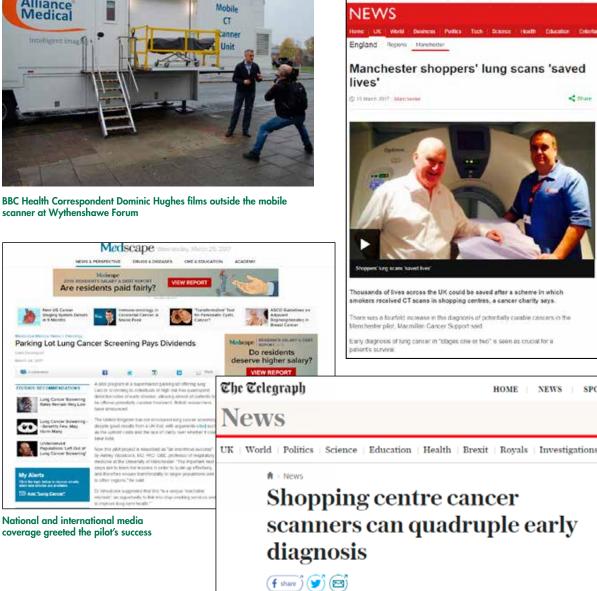
This led to wide-scale coverage across national newspapers and interviews with Dr Phil Barber and Dr Matt Evison on BBC Breakfast TV; 5 Live; Radio Wales and Radio London.

Read an example of the coverage here: http://www.bbc.co.uk/news/uk-england-manchester-39272124 -**BBC News**



BBC Health Correspondent Dominic Hughes films outside the mobile scanner at Wythenshawe Forum

National and international media



BBC O Sign in

Engagement Materials Key to Pilot Success



explaining the Lung Health Check and a second leaflet explaining the CT scan. A range of printed materials were produced as part of the community engagement process to raise awareness that

community engagement process to raise awareness that the pilot was about to begin.

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Results Draw Plaudits From Across Manchester And Beyond



Dr Phil Barber, Consultant Respiratory Physician to the University Hospital of South Manchester and MCIP Clinical Lung Lead

"It is often assumed that people living in more deprived areas like those chosen for this pilot do

not usually take up screening opportunities but we have demonstrated that this is not the case, and that many people are keen to attend.

"We have hard evidence now that CT scanning high-risk patients helps us to identify cancers early enough to cure them, and we have also picked up many patients with other lung conditions at a much earlier stage than would otherwise have been possible.

"This is a landmark day for the respiratory health of Manchester people."



Lynda Thomas, Chief Executive, Macmillan Cancer Support

"Our Manchester pilot has achieved extraordinary success in diagnosing lung cancer at an early curative stage.

"Lung cancer is the most common cause of cancer death in the UK,

claiming the lives of more than 35,000 people a year. Yet thousands of lives could be saved if early diagnosis screening of lung disease could be taken forward.

"The Macmillan Cancer Improvement Partnership in Manchester has found an approach that encourages people at high risk of lung disease to attend and undergo a highly effective diagnostic low-dose CT scan in a mobile unit in their own neighbourhood.

"People at high risk, often living in our most deprived areas, should be given this proven opportunity to improve their chances of surviving lung cancer and other lung diseases."

Ian Williamson - Chief Accountable Officer,



t Accountable Otticer, Manchester Health and Care Commissioning

"From the outset we knew we had to do everything possible to help to reduce the number of deaths in Manchester from lung cancer.

"The lung health checks don't just only help with this vital work,

but they have also picked up signs of other breathing conditions like chronic obstructive pulmonary disease (COPD), where again, early detection is much better for patients."



Michael Brady - Lung Health Check patient who was diagnosed with stage one lung cancer after attending his appointment

"I thought it was marvellous that we were being offered a Lung Health Check. As soon as I got my letter I called to make an appointment. It's

not every day that a CT scanner pulls up in your local car park. I'd have been mad not to take the opportunity.

"I'm having treatment now and I feel incredibly lucky that my lung cancer has been found at such an early and treatable stage."

Watch Michael's film here: https://www.youtube.com/watch?v=pqTCT3aGTJs



Denis Colligan, Macmillan GP, North Manchester Clinical Commissioning Group

"The engagement of Manchester's GPs in this pilot has been pivotal to its success.

"GPs in Manchester are determined to change the outcomes of our

patients. We have been working together with MCIP for the past three years to ensure that we could deliver this pilot successfully.

"My own practice in North Manchester was signed up to the pilot. We had clear information beforehand about was involved.

"Once the pilot started, the feedback from patients was very positive. The results have generated some extra work for us, but we can see the benefits in patients who have had an early diagnosis of lung cancer and subsequent treatment that has every chance of being curative."



Janet Tonge, MCIP Programme Director

"When we started work on the lung health checks we didn't know if local people would want to use them or what they would find. So when cancers were found in the first few days of scanning it was

an emotional moment for the MCIP team knowing we had enabled this ground-breaking service to happen. "That's why I'm proud of having led the development of the lung check programme through the Macmillan Cancer Improvement Partnership."

What is MCIP?

MCIP is a partnership of the organisations that buy health care and give health care, and local people affected by cancer. They all work together to improve cancer care across the city of Manchester.

Since the official launch of the MCIP programme in June 2014, significant progress has been made not just in lung early diagnosis work but also in the support and follow up for breast cancer patients and improvements in primary care cancer support and palliative care. This work has been made possible through the funding and support of Macmillan Cancer Support.

The MCIP vision is that local people will be able to say that they had the best support and treatment from an expert team who made them feel cared for and in control.

Our change programme is based on the Macmillan 9 outcomes and national cancer improvement areas, matched to local need.

The MCIP partnership includes:

- Manchester Clinical Commissioning Group
- Macmillan Cancer Support
- University Hospital of South Manchester NHS Foundation Trust
- Manchester GPs
- People Affected by Cancer
- Manchester City Council
- Central Manchester University Hospitals NHS Foundation Trust
- The Christie NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- St Ann's Hospice



Find out more

For more information on MCIP please go to: http://www.macmillan.org.uk/documents/aboutus/health_professionals/ macmillancancerimprovementpartnership/mcip-brochure.pdf

Email: SMCCG.MCIP@nhs.net

Twitter: #MCIPMcr

Pinterest: www.pinterest.com/nhsinmanchester/macmillan-cancer-improvement-partnership YouTube: https://www.youtube.com/channel/UCSBU-LeaHPbowyVoOGN4FKw Flickr: https://www.flickr.com/photos/127670636@N07/



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