Liverpool Healthy Lung Project

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A proactive approach to finding undiagnosed early stage lung cancers in neighbourhoods with higher levels of socioeconomic deprivation
The difference in life expectancy between areas of the city can vary by more than 10 years.

Men in Liverpool live 3.1 years less and women 2.8 years less than the England average.
Fear and Fatalism

“I’d rather not know I had cancer”

- Lung cancer is one of the most feared cancers, which stops people seeking professional help. To encourage people to seek early diagnosis they would need warming up to the idea
- People at high risk of being diagnosed with lung cancer were familiar with the disease
- There is a belief that diagnosis and treatment is ‘worse’ than the disease itself
- 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)
- People feel that they need ‘permission’ to visit their GP; the idea of requesting a test if a person has a symptom that might be lung cancer received a mixed response

What is Liverpool Healthy Lungs?

1. An intervention specifically aimed at improving health inequalities
2. Finding early stage lung cancer that is curable
3. Improving the lung health of Liverpool people.
The Approach

Focus on inequalities
- Target areas: Deprivation; poor respiratory health; high incidence and mortality lung cancer
- Hard to reach populations

2 Phase Intervention
- Breathe Freely events
- Lung Nurse Clinics

What shaped the approach?
- Insight findings – fear and fatalism
- Lung cancer – 1/3 of all cancer deaths in the city
- Proactive approach: Gap between Liverpool and rest of UK increasing

Where are we up to?

- Breathe Freely events – over 2000 people attended
- Over 700 spirometry tests performed at these events, 18% abnormal
- Over 2200 patients seen in lung nurse clinics
- Over 500 abnormal spirometry tests
  - Total estimated undiagnosed COPD 6,000 people in city
- Approx. average 39% qualifying for CT
- Approx. average 98% accepting CT
- Cancer findings consistent with modelling
- Low Nodules rates
- Significant number of lifestyles interventions and referrals
- Positive feedback from patients
Picton
- T1An0m0 carcinoid resected
- T2aN1M0 small cell resected then chemo
- Type A/B Thymoma resected
- T1aN0M0 adenocarcinoma resected

Speke
- T3N3M1B Squamous Oncology- radiotherapy
- T2aN0M0 squamous resected
- T2aN0M0 clinical diagnosis (severe copd fev1 0.7) saw oncologist and surgeon. Not fit for surgery, had radiotherapy.

Everton
- T4N3M1b Adeno saw oncology ? chemo
- 1 person in work up.

8 other pts taken by Lung cancer team. 7 had pet, all 7 radiology follow up as pet low value.
- 1 mediastinal nodes, had EBUS= sarcoidosis.
Community engagement
- Local volunteer engagement
- Materials available in other languages/formats
- Involving local teams, e.g. Social Inclusion Team
  - Access to translators
  - Clinics geographically clustered to patients

Partnership working
Multi-organisational
- 23 GP Practices, different ‘neighbourhoods’
  - 3 Hospitals
  - Local pharmacies
  - Community events networks
  - National partners - ACE

Acting as One

Thank you!

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