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Paul.Mears@wales.nhs.uk

31 October 2024

Ms Carolyn Thomas MS
Chair
Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1 SN

Dear Ms Thomas

Thank you for your letter dated 17th October 2024 in relation to the Lung Health Check Operational Pilot (OP).

I am pleased to update that significant progress has been made and that the pilot is now close to completion, with the first evaluation report published in September 2024, available at the following link: [Lung Health Check - NHS Wales Executive](#). I also attach a copy of the Executive Summary and full report.

The OP aimed to offer low-dose CT screening scans to 500 people identified to be at high risk of lung cancer from the North Rhondda area, plus repeat scans at 3- and 12-month intervals for surveillance of any small lung nodules that were detected. The OP achieved this goal, with 547 initial baseline scans undertaken and the 3-month surveillance scans now also complete. The final 12-month surveillance scans are now underway and will be completed by the end of November 2024.

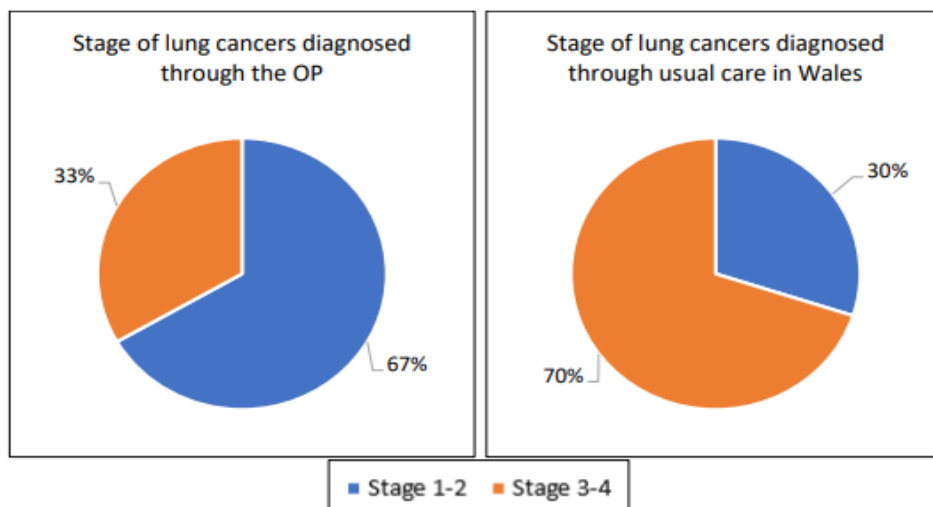
Cadeirydd/Chair: Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi. You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.

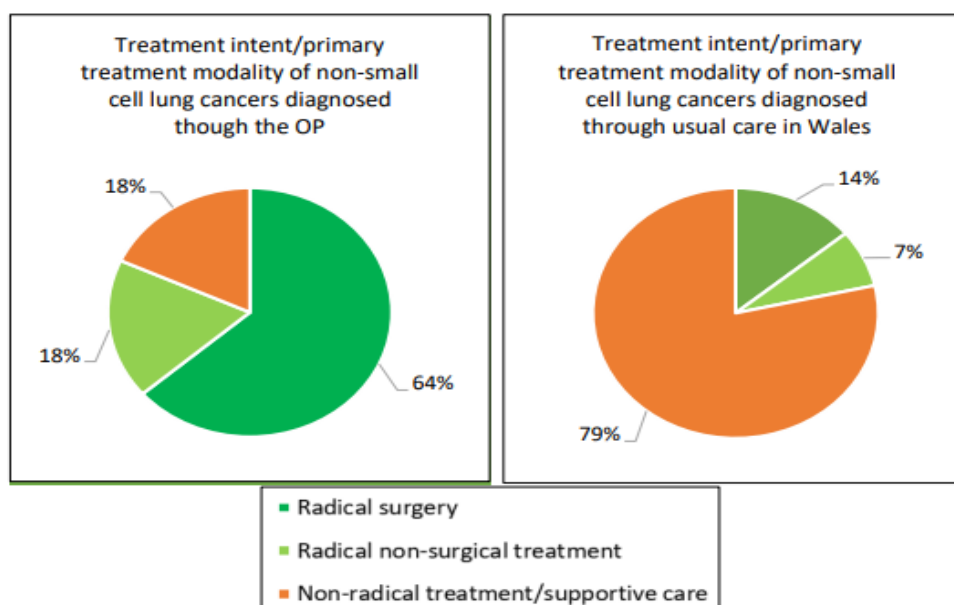
<https://ctmuhb.nhs.wales>

The OP plans to deliver two evaluation reports. The first report published in September 2024 discusses the planning, delivery and results of the pilot up to the point of the 3-month surveillance scans. As this represents the majority of the clinical activity in the pilot, the desire was to share the learning from this as soon as possible, prior to the conclusion of the pilot, to inform national planning work. A second evaluation report focussing on smoking cessation pathways and participant experience is planned for publication in March 2025.

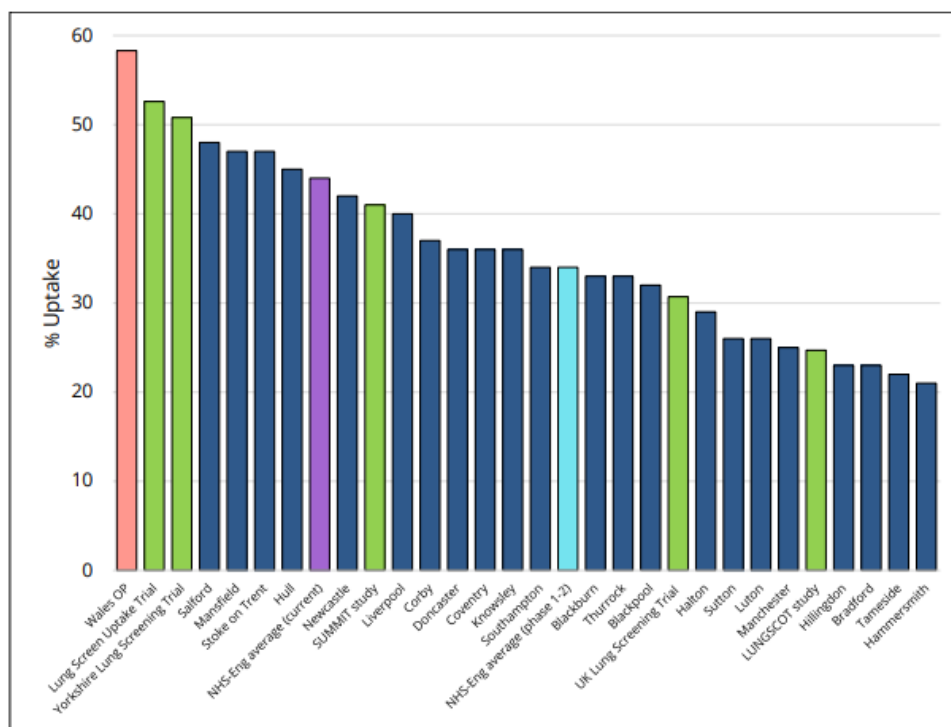
As set out in Evaluation Report 1, all of the key objectives of the pilot have been met, with highly positive results. As expected, a major shift in the stage of diagnosis of lung cancers was seen, with 67% of lung cancers diagnosed through the OP at stage 1 or stage 2, as opposed to 30% through usual care in Wales (figures below).



This enabled most people who were diagnosed with lung cancer through the OP to undergo treatment aimed at curing their cancer (“radical treatment”), either by surgery or non-surgical (e.g. radiotherapy) treatment. This is in stark contrast to the small minority who undergo radical treatment when diagnosed through usual care in Wales (figures below).



Furthermore, it was demonstrated that with a with a carefully planned invitation strategy, incorporating learning from other areas and insight from a range of professionals including Behavioural Science, and extensive patient/public involvement, that a high uptake for lung cancer screening can be achieved in Wales. As the following chart demonstrates, **uptake for the pilot was higher than any of the phase 1 and 2 Targeted Lung Health Check programme sites in England or other UK-based lung screening trials** (the uptake for the pilot is the pink bar on the left of the chart below):



The results from the pilot have therefore demonstrated that:

- Lung cancer screening can be delivered effectively within the Welsh healthcare system
- Lung cancer screening is likely to yield benefits in Wales as seen elsewhere
- A lung cancer screening programme would significantly improve lung cancer outcomes in Wales

Following completion of the 12-month surveillance scans in November 2024, the second evaluation report will be published in March 2025, at which point the pilot will be complete.

In recognition of the positive results from the pilot, there is a separate project running in parallel that is also being led by members of the pilot's programme team, reviewing how lung cancer screening could be delivered in Wales in the future. This work is being delivered by Public Health Wales, who have been commissioned by Welsh Government to undertake this work and provide an interim report with recommendations in relation to the pathway and estimated costs by March 2025, and a final report by September 2025. There is a significant risk to this project, however, that has been escalated to colleagues in Welsh Government, relating to the fact that the funding for the Project Team is currently fixed term to the end of March 2025. This therefore creates an

immediate risk to the ability to complete the work and submit a final report in September 2025, and also in the longer term related to fixed term posts and the high likelihood that key individuals will leave before the project is completed. A case for recurrent funding (or, if that is not currently possible, longer-term funding) has been submitted and a commitment to this will be essential to secure the future progress of this work, and the transition from the current planning work through to implementation.

Related to this, it is noted that the petition that was discussed in the Senedd was titled '**We're calling on the Welsh Government to commit to implementing targeted lung cancer screening**'. At present the Project Team are seeking clarity from Welsh Government in relation to the next steps beyond submission of the report in September 2025 and a commitment to the implementation of lung cancer screening, any assistance that you can provide in attaining this in line with the intent of the petition would therefore be welcomed.

You have also asked for feedback on our work in relation to smoking cessation and improving air quality. As an organisation we are committed to improving the health of our populations and reducing the impacts of climate change. We have a large programme of work around the decarbonisation agenda to support the national ambition for a Net Zero public sector and improve air quality. We are committed to reducing emissions through our building efficiencies programmes and procuring energy from low carbon sources. We also have a number of initiatives which look to reduce the emissions from transport, such as switching to Electric vehicles.

Our Help Me Quit (HMQ) smoking cessation services aim to offer people who want to quit a choice of accessible and flexible services, including the offer of telephone or face-to-face support and additionally many community pharmacies provide a 'Help Me Quit @ Pharmacy' service. Over the past 12 months we have been developing our 'Help Me Quit in Hospital' model, which aims to routinely identify and offer patients admitted to hospital support to start their quitting journey. In addition we provide a specialist 'Help Me Quit for Baby' service to pregnant smokers through our Maternity services, and aim to identify and offer support to those who smoke as early as possible in their pregnancy.

Our HMQ team were part of the Lung Health Check OP, looking at effective methods to identify smokers at the earliest stage and offer them the HMQ service. This included being present at some screening sessions to offer immediate stop smoking advice following the consultation, providing support to the participants that attended on those days and valuable learning to inform the national planning work.

We are constantly working on raising awareness of Help Me Quit services, both with professionals who can refer patients and the public, in co-ordination with Public Health Wales who manage the national HMQ marketing campaigns. Anyone interested in quitting smoking can contact the national [HMQ service](#) where support options will be discussed and they will be directed to their local service.

As the first Evaluation Report demonstrates, lung cancer screening can be delivered effectively and can yield significant benefits for our communities in Wales. The support of the Petitions Committee in securing a commitment for targeted lung cancer screening across Wales would be very welcome.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Paul Mears', with a long, sweeping underline stroke extending to the right.

Paul Mears
Prif Weithredwr/Chief Executive