

Technical guide for TLHC participant management during the coronavirus pandemic

# Addendum to participant pathway Targeted Lung Health Checks programme

22 June 2020 Version 1

This guide produced with the assistance of several clinician experts in the field of CT screening for lung cancer sets out the modifications projects should adopt to the participant pathway of the Targeted Lung Health Checks (TLHC) programme during the coronavirus pandemic. It aims to ensure the safest and most consistent and equitable approach to the provision and monitoring of targeted screening for lung cancer across England.

The protocol outlined in this guide now supersedes the original service protocol published on 3 June 2020. It will remain in place until further notice with the first review date set for March 2021. Quarterly review points will come into effect thereafter. Where referenced guidance is updated or superseded the most recent guidance will apply.

Projects should continue to invite eligible participants for a lung health check, with the modifications described below. The following guidance is an addendum to the service provision outlined in the [Standard Protocol](#) and [Quality Assurance standards](#).

- **Local prioritisation arrangements** should continue to ensure that there is a single, clinician - managed route to urgent care for participants.
- **National advice** has already been issued on the 14 May 2020 on [operating framework for urgent and planned services in hospital settings during COVID-19](#).



## TLHC participant pathway

To support appropriate and safe care of participants invited for a lung health check and/or low dose CT scan during the coronavirus pandemic projects need to implement the following modifications. Any assessment process not outlined below remains as per the Standard Protocol.

### 1. Initial invitation

1.1. Participants aged between 55 and 74 and 364 days of age at the date the initial low dose CT scan would have been planned\*, registered with a GP practice and who have ever smoked are eligible for a Lung Health Check.

\*Reflects that some participants may have scans deferred according to national guidance issued during the pandemic.

1.2. The national team will develop participant facing resources to reflect changes to the pathway and COVID-19 guidelines. Projects will issue this at the point of invitation, along with the participant information booklet and standard letter.

### 2. Risk assessment (lung health check)

2.1. Projects should conduct lung health checks and LLP and PLCO risk assessments by telephone or video-calling during the pandemic, making reasonable adjustments for specific groups when necessary. Projects should ensure that local Information Governance procedures are adhered to.

2.2. Projects need to obtain and document verbal consent from all participants. (Written consent is obtained from every participant referred to a low-dose CT scan as per the Standard Protocol.)

2.3. Projects can use participant reported height and weight to complete the Prostate Lung Colorectal and Ovarian (PLCO) M2012 risk prediction model. Where accessible, projects may choose to extract this information from GP records.

2.4. The requirement for spirometry and blood pressure assessment is deferred during the pandemic.

2.5. Projects should refer current smokers to smoking cessation services See National advice on smoking cessation services as at 2 April 2020, [Key changes: COVID-19 prioritisation within community health services](#).

### 3. Low dose CT acquisition

- 3.1. Projects should offer participants that meet the eligibility criteria for a low dose CT scan an appointment at the earliest convenience. Participants must reschedule if they are experiencing current symptoms, test positive for COVID-19 or have a positive case in their household. NHS has published the following patient facing messaging information, [self-isolation if you or someone you live with has coronavirus symptoms](#).
- 3.2. Projects should telephone participants the day before appointments to review health and symptoms and provide reassurance of the action and measures that are in place to protect staff and participants.
- 3.3. Projects should give participants who are self-shielding or are in a period of self-isolation the opportunity to defer their scan appointment to a later date. The deferred appointment date should allow enough time to consider the participant non-infectious, in line with local infection control guidelines and published [national advice](#). Projects should ensure that appropriate safety netting procedures are in place to enable this.
- 3.4. Staff and participants must adhere to social distancing and clinical delivery must follow local infection control guidelines and published national advice, [operating framework for urgent and planned services in hospital settings during COVID-19](#). Scheduling of appointments should reflect enough time to adhere to guidelines.
- 3.5. Projects need to confirm and record the following participant information at the low-dose CT scan appointment:
  - 3.5.1. personal details
  - 3.5.2. current or ever smoker
  - 3.5.3. positive test for COVID-19
  - 3.5.4. exclusion criteria (as per 3.3.8 Standard Protocol)
  - 3.5.5. height and weight

Projects should recalculate PLCO risk assessment score if the height and weight changes the BMI score and reconfirm low dose CT scan eligibility.

- 3.6. Projects should refer current smokers to smoking cessation services. National advice on smoking cessation services has been updated on 2 April 2020, [Key changes: COVID-19 prioritisation within community health services](#).

## 4. Low dose CT reading

- 4.1. Radiologists should urgently report any findings of acute viral pneumonia that could suggest acute COVID-19 to the Clinical Director and Responsible Assessor , who should follow local infection control guidelines and contact the participant.
- 4.2. Radiologists may find report findings of interstitial lung abnormalities where participants may have had COVID-19 (whether symptomatic or asymptomatic). They should refer to the [Incidental Findings Management Protocol](#) (Annex 2 of the Quality Assurance Standards) for interpretation of these findings.

### Safety netting

Projects will use a patient tracking list (PTL) to follow up participants who are unable to complete the lung health check and/or low dose CT scan and indeterminate scan at the scheduled date. Clinical Directors and Responsible Assessor should review the PTL on a regular basis to mitigate avoidable delays.

### Safety instructions for staff

Projects should ensure that staff providing or supporting any face to face TLHC procedures are provided with appropriate personal protective equipment (PPE) according to PHE advice. This will also reduce participants' risk of nosocomial infection.

### Next steps

1. National team update clinical dataset to include data item 'confirmed diagnosis of COVID-19 at time of CT acquisition'.
2. National team produce participant facing resource reflecting pathway modification during the pandemic.