Lung Cancer Screening: FAQs for UK General Practitioners (GPs)

Lung cancer is one of the UK's most common cancers and early detection significantly improves survival rates. These FAQs are for GPs on UK lung cancer screening practices.

General Information

1. What is the Lung Cancer Screening programme in the UK?

The UK is implementing a targeted lung cancer screening programme using low-dose computed tomography (LDCT) scans. The programme focuses on high-risk individuals who are current or former smokers, to detect lung cancer early when it is more treatable.

2. Why is Lung Cancer Screening important?

Lung cancer often only presents with symptoms at a late stage, leading to poor survival rates. Screening high-risk populations can detect cancer earlier, improving treatment outcomes and potentially reducing mortality.

Eligibility and Risk Assessment

3. Who is eligible for Lung Cancer Screening?

The current programme determines eligibility for initial invitation based on age (55-74) and a positive smoking history (current or former smokers).

4. How is risk assessed?

During a telephone Lung Health Check, a respiratory nurse uses a structured questionnaire covering smoking history, family history, medical history, and other risk factors. The LLP (Liverpool Lung Project) and PLCOM2012 models are used to calculate risk. Patients who meet the risk threshold are invited for a LDCT scan (about 50% of patients).

Screening Process

5. What does the screening process involve?

Eligible patients undergo a LDCT scan of their chest to detect lung abnormalities. The process is quick, painless, and uses a lower radiation dose than conventional CT scans. We currently use mobile CT scanners that visit community locations, like supermarkets and leisure centres, and are both familiar and accessible to patients.

6. How often should patients be screened?

Patients are scanned every two years, if eligible, but those with additional findings may require additional scans at 3 or 12 months.

Roles and Responsibilities of GPs

7. What role do GPs play in finding eligible patients?

GPs are critical in identifying eligible patients and discussing the benefits and risks of screening where patients have expressed concerns.

Practices first need to sign a Data Processing Agreement to allow the information on patients to be shared. Then, we ask practices to run an Ardens search to find the eligible patients within their clinical system. Reports are generated to include patients with additional needs, such as those with a visual or hearing impairment, a learning disability, or a severe mental illness. This information allows our providers to tailor their contact strategy and communicate more effectively with specific patient groups.

We ask you to consider individual patients who would not be suitable for screening, such as palliative patients, those with new cancer diagnoses, or those for whom the physical requirements of attending a mobile CT scan would be impossible – especially the inability to move onto the scanner and lay flat. Patients in these categories would be ineligible for ongoing assessment.

8. How should I communicate the risks and benefits to patients?

If asked, please clearly explain that Lung Cancer Screening can detect cancer early and improve outcomes but does not guarantee prevention. Please discuss the potential risks, such as false positives and negatives and radiation exposure.

Interpreting Results and Follow-Up

9. How are Lung Cancer Screening results communicated?

Patients receive letter(s) informing them whether they have cancer and whether they have any incidental findings, which they should receive within 28 days of their scan. GPs are sent similar letters with equivalent information. It is also mandated that GPs are sent a full CT report, but we would not expect you to decipher this; it’s for information only.

All patients attending a CT scan will be invited at the appropriate interval for a follow-up scan. In the case of small nodules that require surveillance rather than a secondary care referral, patients may be invited back to the mobile scanning truck for a three-month or 12-month scan. All appointments of this kind are booked and managed by our provider (Xyla). Where significant findings are ruled out on the initial scan, patients will be invited for a 24-month follow-up scan at the appropriate time. Again, all appointments of this kind are booked and managed by our provider and outcomes communicated to you and your patient.

10. What should I do if my patient has a possible cancer screening result?

All patients with a possible cancer or significant finding that need urgent hospital management will be reviewed by local Screening Review Meetings (SRM) and referred automatically to the appropriate hospital department. Patients with possible cancer will be contacted by telephone after the SRM where appropriate and ahead of receiving a letter in the post. Please see the additional document regarding the full technical detail if required and read on for further information on Incidental Findings (IFs) requiring assistance from Primary Care.

Smoking Cessation and Prevention

11. How can GPs support smoking cessation during Lung Cancer Screening?

Lung Cancer Screening presents a valuable opportunity to promote smoking cessation. Patients will be offered very brief advice and referred to local NHS Stop Smoking services unless they opt out.

Practical Considerations

12. Is Lung Cancer Screening available across the UK?

The NHS is rolling out Lung Cancer Screening in all regions, with plans for national expansion by 2029. In the South Yorkshire and Bassetlaw (SYB) Cancer Alliance, all areas have been invited for at least one screening round, except Sheffield, where the first round will be completed by 2026.

13. How can GPs stay updated on Lung Cancer Screening developments?

GPs can access resources from organisations like the NHS England (NHSE) Cancer Programme, UK National Screening Committee (UK NSC), and Cancer Research UK. Regular updates are available through Royal College of General Practitioners (RCGP) channels. The local team will also keep you updated.

14. What results have been found so far?

More than 600 cancers have been found in SYB – approximately 500 lung cancers and 100 other cancers. Of the 500+ lung cancers, about 75% have been detected at stage one or two allowing for curative treatment. This compares to about 25% of lung cancers found by other routes.

Nationally, more than 5,000 lung cancers have been found, with similar stage findings.

15. Are there payments to practices?

SYB Cancer Alliance made the decision to pay practices for two aspects of work for the Targeted Lung Health Check Programme, now known as Lung Cancer Screening. A

payment of £425 was made for reviewing and signing a Data Processing Agreement, for running and sharing patient searches with our provider, and for participating where possible with text messages to patients as needed. This will continue for the time being each time we ask for a new search.

We have also made a payment of 38ppp based on the practice list to recognise the additional work that comes from Lung Cancer Screening. We are one of only two Alliances that have taken this approach, and we have been informed by NHSE that we are not to continue this policy. Therefore, we will continue to pay for the first round of screening at each place (with only Sheffield still at this stage) but will not be able to make subsequent payments. The rationale from NHSE is that this will be added to the national GP contract in the future, and that work should be done elsewhere – see below. Also, in subsequent rounds only about 15% of patients are new to screening, therefore reducing new IFs.

16. What do I do with IFs?

Note – SYB Cancer Alliance is unable to give specific patient advice in this area. Discussions about possible options need to be considered with individual patients.

For calculations of prospective numbers, around 25% of patients on the list shared by each practice receive a CT scan. This is based on a rough estimate of 50% uptake and 50% patients needing a scan.

IFs have been the most challenging part of this project. There are two common IFs that GPs need to be aware of and deal with:

a) Coronary Artery Calcification (CAC) (about 60% of patients scanned)

Sixty percent of Lung Cancer Screening patients who have a CT scan in SYB have CAC, of which 60% are mild, 30% moderate, and 10% severe. A recent update on how to deal with CAC from NHSE stipulates that from February 2025, mild CAC is non-actionable (see IF document with recommendations), meaning patients and GPs will no longer be informed that they have mild CAC. However, it will still be reported and appear on the CT scan report in the GP records, which, as technology progresses, patients are able to access and read. Patients with moderate or severe CAC will continue to receive a letter.

Here is a patient-facing web page about CAC that's also helpful for GPs:

https://www.bhf.org.uk/informationsupport/heart-matters-magazine/medical/ask-the-experts/calcification-of-arteries

How to deal with CAC is still an area of disagreement, and even within SYB cardiology there is not full agreement. A possible way of dealing with the issue based on a consensus of views including areas of debate is shown in Figure i (NB: individual patient needs outweigh the pathway).

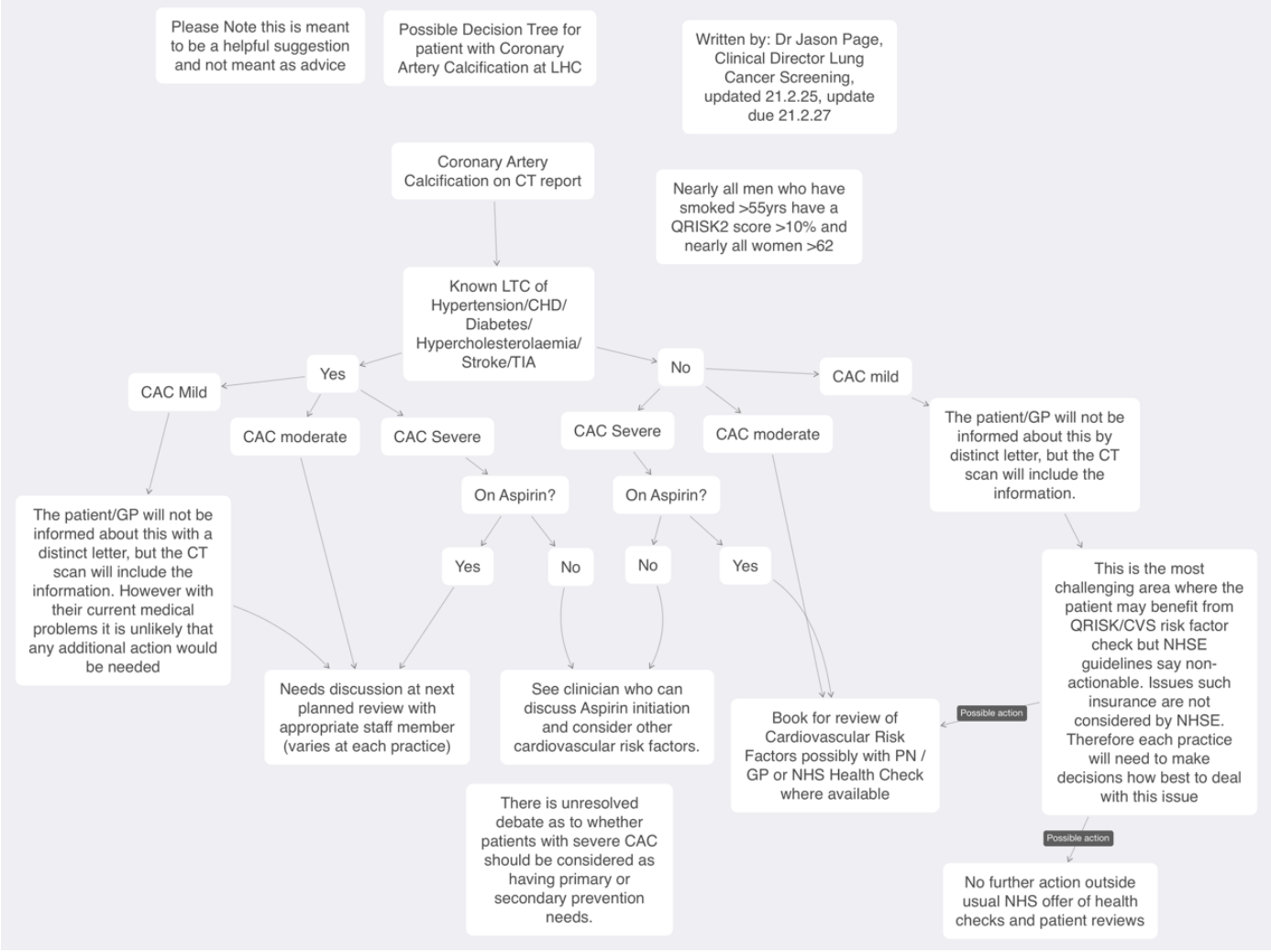

Figure i: Decision tree for CAC

b) Emphysema (about 15% of patients scanned)

The new recommendation from NHSE is that only patients with moderate or severe emphysema are informed, and that patients seek advice if they are symptomatic. Many of those patients are known already to Primary Care. Figure ii shows a recommendation from Dr Rod Lawson in Sheffield (where spirometry availability is challenged) to support you on how best to deal with these patients. In areas where spirometry is readily available, you may want to consider that first for diagnosing new symptomatic patients.

Figure ii: Decision tree for emphysema

For coding patients who you may not wish to be on the COPD register, the code “emphysematous” (SNOMED number 26374700) does not trigger QOF.

c) Others

A few rarer findings may need GP input, the most common being the need for antibiotics for patients with radiological pneumonia. Occasionally, a goitre would need a review for levels of breathlessness, but these are also rare.

17. Why is the scanner in my area during the winter when we are very busy?

The CT scanner needs to work for 50 weeks of the year, closing around Christmas, otherwise we are unable to see all the patients who will need CT scans. The most deprived areas with the greatest need were selected in each place to be screened and scanned first.

18. What do I do if I think a patient has been missed from Lung Cancer Screening?

We use an effective Ardens search to review all patients on GP lists and determine eligibility, but this relies on current and correct coding. Patients are then contacted twice by letter, sent text messages, and telephoned up to five times, so if the contact details held by the practice are incorrect, they may miss out. Patients must be aged between 55 and 74 when the searches are done and must have a history of smoking on their records.

We plan to return to each area roughly every two years to repeat the searches and find new patients (those who have moved to the area and those who have turned 55 since the last round of Lung Cancer Screening took place). Only around 50% of patients who book part one (the Lung Health Check) will score at a higher risk and be referred for part two (a CT scan).

If you do feel that one of your patients may have been missed, please email Xyla on **xyla.ctlhcadmin@nhs.net** and send them the patient details. Please be aware that our scanner regularly moves around SYB so it cannot be guaranteed to be in your area if the patient is referred for a scan, but they will be offered all current known alternate sites in case they are able to travel a little further.

19. Who can I contact?

Eligible patient lists to:
xyla.lhcgpreport@nhs.net

GP queries about results:
xyla.ctlhcadmin@nhs.net

Patient queries:
xyla.ctlhcadmin@nhs.net

SYB Lung Cancer Screening team:
syicb-doncaster.sybtlhc@nhs.net

Early detection saves lives. Your role as a GP in Lung Cancer Screening can make a significant difference to patient outcomes.

Hopefully, you have found this guide useful. To suggest other FAQs for this document, please email the SYB Lung Cancer Screening team at the email address above.

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