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

What is the Lung Cancer Screening programme in the UK?

The NHS 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.

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

Who is eligible for Lung Cancer Screening?

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

How is the risk assessed?

During a telephone or video Lung Health Check appointment, 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. Participants who meet the risk threshold are invited for a LDCT scan (about 50% of all participants).

Screening Process

What does the screening process involve?

Eligible participants 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 use mobile CT scanners that visit community locations, like supermarkets and leisure centres that are familiar and accessible to patients

How often should patients be screened?

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

Roles and Responsibilities of GPs

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 us to tailor our 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 and are excluded from the search.

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

How are Lung Cancer Screening results communicated?

Patients will receive a letter informing them of their results and any next steps within 28 days of their scan. GPs are sent similar letters with equivalent information, including the CT report.

All patients attending a CT scan will be invited back again at the appropriate interval for a follow-up scan. If nothing significant has been found, patients will be invited for a 24- month follow-up scan at the appropriate time.

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

All patients with a possible cancer or significant finding requiring urgent hospital management will be reviewed by local Screening Review Meeting (SRM) hosted by Shropshire and Telford Hospital and referred automatically to the appropriate department. Patients with possible cancer will be contacted by telephone after the SRM where appropriate and ahead of receiving a follow up letter in the post.

Smoking Cessation and Prevention

How can GPs support smoking cessation during Lung Cancer Screening? Lung Cancer Screening presents a valuable opportunity to encourage and support people to stop smoking. All participants undergoing a lung health check assessment will be offered very brief advice and referred to local NHS Stop Smoking services unless they opt out.

Practical Considerations

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. Screening is now being rolled out In Shropshire, Telford & Wrekin, where the first round will be completed by 2029.

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.

What results have been found so far?

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

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.

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

An effective Ardens search has already been carried out on your GP system to 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).

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 will move around the are so it cannot be guaranteed to still be local 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.

Who can I contact?

Signed Data Protection Agreements and eligible patient lists to:

[xyla.lhcgpreport@nhs.net](mailto:xyla.lhcgpreport@nhs.net)

GP queries about results:

[xyla.ctlhcadmin@nhs.net](mailto:xyla.ctlhcadmin@nhs.net)

Patient queries:

[xyla.ctlhcadmin@nhs.net](mailto:xyla.ctlhcadmin@nhs.net)