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|  | | **GP letter** | **Participant letter** |
| **Emphysema – current smoker** | | | |
| Mild | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of mild emphysema.  They may not need any treatment for this if they are asymptomatic, or they may already be on the correct treatment.  We have advised they make an appointment with you if they are experiencing symptoms. If this diagnosis was not already known, you may wish to consider arranging spirometry testing and referring them to pulmonary rehabilitation.  Of note, your patient is a current smoker. We have emphasised to them the importance of quitting, and signposted local resources to support them with this. | Your CT scan showed evidence of smoking-related lung damage called emphysema (also known as COPD).  The most important thing you can do to stop this getting worse is stop smoking. For support with this, please:   * Text QUIT to 60777, or * Contact your local stop smoking service at: <https://bristol.everyonehealth.co.uk/self-referral/> or * Call 0333 005 0095   You may already be on inhalers (“puffers”), in which case, no further action is required. Alternatively, if you do not have any symptoms such as breathlessness or cough, you may not need any treatment.  If you do have symptoms (whether you are on treatment or not), you may like to make an appointment with your practice nurse to see if anything needs to be changed or added.  There are other treatments that can help people with emphysema/ COPD, including pulmonary rehabilitation. This is an exercise and learning programme that can help you stay active with a lung condition. More information can be found at  <https://www.blf.org.uk/support-for-you/keep-active/pulmonary-rehabilitation>  There is useful information from Asthma + Lung UK online at <https://www.blf.org.uk/support-for-you/copd> |
| Moderate | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of moderate emphysema.  They may not need any treatment for this if they are asymptomatic, or they may already be on the correct treatment.  We have advised they make an appointment with you if they are experiencing symptoms. If this diagnosis was not already known, you may wish to consider arranging spirometry testing and referring them to pulmonary rehabilitation.  Of note, your patient is a current smoker. We have emphasised to them the importance of quitting, and signposted local resources to support them with this. |
| Severe | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of severe emphysema.  They may not need any treatment for this if they are asymptomatic, or they may already be on the correct treatment.  We have advised they make an appointment with you if they are experiencing symptoms. If this diagnosis was not already known, you may wish to consider arranging spirometry testing and referring them to pulmonary rehabilitation.  Of note, your patient is a current smoker. We have emphasised to them the importance of quitting, and signposted local resources to support them with this. |
| **Emphysema – Ex-smoker** | | | |
| Mild | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of mild emphysema.  They may not need any treatment for this if they are asymptomatic, or they may already be on the correct treatment. They have already given up smoking.  We have advised they make an appointment with you if they are experiencing symptoms. If this diagnosis was not already known, you may wish to consider arranging spirometry testing and referring them to pulmonary rehabilitation. | Your CT scan showed evidence of smoking-related lung damage called emphysema (also known as COPD). You have already done the most important thing in stopping smoking. It is important that you never smoke again.  You may already be on inhalers (“puffers”), in which case, no further action is required. Alternatively, if you do not have any symptoms such as breathlessness or cough, you may not need any treatment.  If you do have symptoms (whether you are on treatment or not), you may like to make an appointment with your practice nurse to see if anything needs to be changed or added.  There are other treatments that can help people with emphysema/ COPD, including pulmonary rehabilitation. This is an exercise and learning programme that can help you stay active with a lung condition. More information can be found at  <https://www.blf.org.uk/support-for-you/keep-active/pulmonary-rehabilitation>  There is useful information from Asthma + Lung UK online at <https://www.blf.org.uk/support-for-you/copd> |
| Moderate | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of moderate emphysema.  They may not need any treatment for this if they are asymptomatic, or they may already be on the correct treatment. They have already given up smoking.  We have advised they make an appointment with you if they are struggling with breathlessness. If this diagnosis was not already known, you may like to consider arranging spirometry testing and referring them to pulmonary rehabilitation. |
| Severe | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of severe emphysema.  They may not need any treatment for this if they are asymptomatic, or they may already be on the correct treatment. They have already given up smoking.  We have advised they make an appointment with you if they are experiencing symptoms. If this diagnosis was not already known, you may wish to consider arranging spirometry testing and referring them to pulmonary rehabilitation. |
| **Coronary artery calcification – current smoker, QRISK>10** | | | |
| Mild | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of mild coronary artery calcification. Coronary artery calcification is strongly associated with increased cardiovascular events (with the risk of a cardiovascular event ranging from 1% to 5% per year depending on severity of calcification).  The incidental finding of coronary calcification on a low dose CT performed has caused concern among some PCNs due to the uncertainty around optimal management of these patients. Part of the challenge is that these are new findings as a result of innovative preventative care, and we don’t yet know what the best management is. The National Cancer and Cardiovascular teams are working on a pathway for GPs which we will circulate as soon as is available.  In the meantime, NICE guidance is that all patients with coronary artery calcification undergo a cardiovascular risk assessment (QRISK score or similar). We have calculated your patient’s QRISK 2 score and documented it on the attached print out. Their score is ≥10%, therefore the advice is that they should be started on primary cardiovascular prevention, e.g. atorvastatin 20mg.  **If there is a history of exertional angina or dyspnoea then urgent cardiology review is advised.**  We have advised your patient, by letter, that their CT shows coronary artery calcification, and this may mean they are at risk of heart disease. In our letter, we have reiterated lifestyle modification advice and advised they make an appointment to discuss a statin, unless they are already taking one.  You may wish to document the patient’s QRISK score (and primary prevention actions) on their clinical record in accordance with the Quality and Assurance Outcomes Framework. There is no need for you to do anything additional to that which is currently included as part of GP contract.  Of note, your patient is tobacco dependent. We have advised them to quit and signposted local resources to support them with this. | Your CT scan showed evidence of calcium in the blood vessels around the heart. This is a common finding on CT scans, and the importance of this is uncertain. It doesn’t mean that you have heart disease, but means you could be at risk of future problems such as angina or heart attacks.  You may already be taking treatment for blood pressure and/or a statin and having annual reviews with your practice nurse or GP. If this is the case, no change in treatment is needed.  If you are not currently taking a statin, it may be advisable for you to start. Please book an “NHS over-40s Health Check” at your GP practice. The team will be able to assess your risk of future heart problems and start any treatment that may be required. They will also be able to give you more information about coronary artery calcification.  **If you have symptoms such as chest pain that you are concerned might be related to your heart, you should seek medical advice urgently.**  The most valuable thing you can do to reduce your risk is stop smoking. For support with this, please:   * Text QUIT to 60777, or * Contact your local stop smoking service at: <https://bristol.everyonehealth.co.uk/self-referral/> or * Call 0333 005 0095   Lifestyle changes can also help to reduce the risk of future heart problems. A balanced diet, containing more fruit and vegetables and less red meat and dairy is good for you, as is maintaining a healthy weight. Regular physical activity (ideally 150 minutes a weeks, but at least 60 minutes a week, aiming to move in a way that makes you breathe a little harder and raises your heart rate eg going for a brisk walk). |
| Moderate | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of moderate coronary artery calcification. Coronary artery calcification is strongly associated with increased cardiovascular events (with the risk of a cardiovascular event ranging from 1% to 5% per year depending on severity of calcification).  The incidental finding of coronary calcification on a low dose CT performed has caused concern among some PCNs due to the uncertainty around optimal management of these patients. Part of the challenge is that these are new findings as a result of innovative preventative care, and we don’t yet know what the best management is. The National Cancer and Cardiovascular teams are working on a pathway for GPs which we will circulate as soon as is available.  In the meantime, NICE guidance is that all patients with coronary artery calcification undergo a cardiovascular risk assessment (QRISK score or similar). We have calculated your patient’s QRISK 2 score and documented it on the attached print out. Their score is ≥10%, therefore the advice is that they should be started on primary cardiovascular prevention, e.g. atorvastatin 20mg.  **If there is a history of exertional angina or dyspnoea then urgent cardiology review is advised.**  We have advised your patient, by letter, that their CT shows coronary artery calcification, and this may mean they are at risk of heart disease. In our letter, we have reiterated lifestyle modification advice and advised they make an appointment to discuss a statin, unless they are already taking one.  You may wish to document the patient’s QRISK score (and primary prevention actions) on their clinical record in accordance with the Quality and Assurance Outcomes Framework. There is no need for you to do anything additional to that which is currently included as part of GP contract.  Of note, your patient is tobacco dependent. We have advised them to quit and signposted local resources to support them with this. |
| Severe | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of severe coronary artery calcification. Coronary artery calcification is strongly associated with increased cardiovascular events (with the risk of a cardiovascular event ranging from 1% to 5% per year depending on severity of calcification).  The incidental finding of coronary calcification on a low dose CT performed has caused concern among some PCNs due to the uncertainty around optimal management of these patients. Part of the challenge is that these are new findings as a result of innovative preventative care, and we don’t yet know what the best management is. The National Cancer and Cardiovascular teams are working on a pathway for GPs which we will circulate as soon as is available.  In the meantime, NICE guidance is that all patients with coronary artery calcification undergo a cardiovascular risk assessment (QRISK score or similar). We have calculated your patient’s QRISK 2 score and documented it on the attached print out. Their score is ≥10%, therefore the advice is that they should be started on primary cardiovascular prevention, e.g. atorvastatin 20mg.  **If there is a history of exertional angina or dyspnoea then urgent cardiology review is advised.**  We have advised your patient, by letter, that their CT shows coronary artery calcification, and this may mean they are at risk of heart disease. In our letter, we have reiterated lifestyle modification advice and advised they make an appointment to discuss a statin, unless they are already taking one.  You may wish to document the patient’s QRISK score (and primary prevention actions) on their clinical record in accordance with the Quality and Assurance Outcomes Framework. There is no need for you to do anything additional to that which is currently included as part of GP contract.  Of note, your patient is tobacco dependent. We have advised them to quit and signposted local resources to support them with this. |
| **Coronary artery calcification – ex-smoker, QRISK>10** | | | |
| Mild | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of mild coronary artery calcification. Coronary artery calcification is strongly associated with increased cardiovascular events (with the risk of a cardiovascular event ranging from 1% to 5% per year depending on severity of calcification).  The incidental finding of coronary calcification on a low dose CT performed has caused concern among some PCNs due to the uncertainty around optimal management of these patients. Part of the challenge is that these are new findings as a result of innovative preventative care, and we don’t yet know what the best management is. The National Cancer and Cardiovascular teams are working on a pathway for GPs which we will circulate as soon as is available.  In the meantime, NICE guidance is that all patients with coronary artery calcification undergo a cardiovascular risk assessment (QRISK score or similar). We have calculated your patient’s QRISK 2 score and documented it on the attached print out. Their score is ≥10%, therefore the advice is that they should be started on primary cardiovascular prevention, e.g. atorvastatin 20mg.  **If there is a history of exertional angina or dyspnoea then urgent cardiology review is advised.**  We have advised your patient, by letter, that their CT shows coronary artery calcification, and this may mean they are at risk of heart disease. In our letter, we have reiterated lifestyle modification advice and advised they make an appointment to discuss a statin, unless they are already taking one.  You may wish to document the patient’s QRISK score (and primary prevention actions) on their clinical record in accordance with the Quality and Assurance Outcomes Framework. There is no need for you to do anything additional to that which is currently included as part of GP contract. | Your CT scan showed evidence of calcium in the blood vessels around the heart. This is a common finding on CT scans, and the importance of this is uncertain. It doesn’t mean that you have heart disease, but means you could be at risk of future problems such as angina or heart attacks.  You may already be taking treatment for blood pressure and/or a statin and having annual reviews with your practice nurse or GP. If this is the case, no change in treatment is needed.  If you are not currently taking a statin, it may be advisable for you to start. Please book an “NHS over-40s Health Check” at your GP practice. The team will be able to assess your risk of future heart problems and start any treatment that may be required. They will also be able to give you more information about coronary artery calcification.  **If you have symptoms such as chest pain that you are concerned might be related to your heart, you should seek medical advice urgently.**  Lifestyle changes can also help to reduce the risk of future heart problems. A balanced diet, containing more fruit and vegetables and less red meat and dairy is good for you, as is maintaining a healthy weight. Regular physical activity (ideally 150 minutes a weeks, but at least 60 minutes a week, aiming to move in a way that makes you breathe a little harder and raises your heart rate eg going for a brisk walk).  You have already stopped smoking. It is important that you never smoke again. |
| Moderate | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of moderate coronary artery calcification. Coronary artery calcification is strongly associated with increased cardiovascular events (with the risk of a cardiovascular event ranging from 1% to 5% per year depending on severity of calcification).  The incidental finding of coronary calcification on a low dose CT performed has caused concern among some PCNs due to the uncertainty around optimal management of these patients. Part of the challenge is that these are new findings as a result of innovative preventative care, and we don’t yet know what the best management is. The National Cancer and Cardiovascular teams are working on a pathway for GPs which we will circulate as soon as is available.  In the meantime, NICE guidance is that all patients with coronary artery calcification undergo a cardiovascular risk assessment (QRISK score or similar). We have calculated your patient’s QRISK 2 score and documented it on the attached print out. Their score is ≥10%, therefore the advice is that they should be started on primary cardiovascular prevention, e.g. atorvastatin 20mg.  **If there is a history of exertional angina or dyspnoea then urgent cardiology review is advised.**  We have advised your patient, by letter, that their CT shows coronary artery calcification, and this may mean they are at risk of heart disease. In our letter, we have reiterated lifestyle modification advice and advised they make an appointment to discuss a statin, unless they are already taking one.  You may wish to document the patient’s QRISK score (and primary prevention actions) on their clinical record in accordance with the Quality and Assurance Outcomes Framework. There is no need for you to do anything additional to that which is currently included as part of GP contract. |
| Severe | | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of severe coronary artery calcification. Coronary artery calcification is strongly associated with increased cardiovascular events (with the risk of a cardiovascular event ranging from 1% to 5% per year depending on severity of calcification).  The incidental finding of coronary calcification on a low dose CT performed has caused concern among some PCNs due to the uncertainty around optimal management of these patients. Part of the challenge is that these are new findings as a result of innovative preventative care, and we don’t yet know what the best management is. The National Cancer and Cardiovascular teams are working on a pathway for GPs which we will circulate as soon as is available.  In the meantime, NICE guidance is that all patients with coronary artery calcification undergo a cardiovascular risk assessment (QRISK score or similar). We have calculated your patient’s QRISK2 score and documented it on the attached print out. Their score is ≥10%, therefore the advice is that they should be started on primary cardiovascular prevention, e.g. atorvastatin 20mg.  **If there is a history of exertional angina or dyspnoea then urgent cardiology review is advised.**  We have advised your patient, by letter, that their CT shows coronary artery calcification, and this may mean they are at risk of heart disease. In our letter, we have reiterated lifestyle modification advice and advised they make an appointment to discuss a statin, unless they are already taking one.  You may wish to document the patient’s QRISK score (and primary prevention actions) on their clinical record in accordance with the Quality and Assurance Outcomes Framework. There is no need for you to do anything additional to that which is currently included as part of GP contract. |
| **Coronary artery calcification, QRISK <10%** | | | |
|  | Your patient had a CT thorax as part of the Targeted Lung Health Check (TLHC) programme. Their scan showed evidence of mild/ moderate/ severe coronary artery calcification. Coronary artery calcification is strongly associated with increased risk cardiovascular events.  The incidental finding of coronary calcification on a low dose CT performed has caused concern among some PCNs due to the uncertainty around optimal management of these patients. Part of the challenge is that these are new findings as a result of innovative preventative care, and we don’t yet know what the best management is. The National Cancer and Cardiovascular teams are working on a pathway for GPs which we will circulate as soon as is available.  In the meantime, NICE guidance is that all patients with coronary artery calcification undergo a cardiovascular risk assessment (QRISK score or similar). We have calculated your patient’s QRISK 2 score and documented it on the attached print out. Their score is <10%, therefore they do not necessarily require primary cardiovascular prevention (unless they have type 1 diabetes, Chronic kidney disease, or other known cardiovascular risk factors).  **If there is a history of exertional angina or dyspnoea then urgent cardiology review is advised.**  We have advised your patient, by letter, that their CT shows coronary artery calcification, and this may mean they are at risk of heart disease. In our letter, we have reiterated lifestyle modification advice.  You may wish to document the patient’s QRISK score on their clinical record in accordance with the Quality and Assurance Outcomes Framework. There is no need for you to do anything additional to that which is currently included as part of GP contract.  If current smoker:Of note, your patient is tobacco dependent. We have advised them to quit and signposted local resources to support them with this. | | Your CT scan showed evidence of calcium in the blood vessels around the heart. This is a common finding on CT scans, and the importance of this is uncertain. It doesn’t mean that you have heart disease, but means you could be at risk of future problems such as angina or heart attacks. Your individual risk is low (less than 10% chance of heart disease in the next 10 years), but it is important that you make every effort to stay as healthy as possible in future.  Lifestyle changes can also help to reduce the risk of future heart problems. A balanced diet, containing more fruit and vegetables and less red meat and dairy is good for you, as is maintaining a healthy weight. Regular physical activity (ideally 150 minutes a weeks, but at least 60 minutes a week, aiming to move in a way that makes you breathe a little harder and raises your heart rate eg going for a brisk walk).  You may already be taking treatment for blood pressure and/or a statin and having annual reviews with your practice nurse or GP. If this is the case, please continue as advised by your GP.  **If you have symptoms such as chest pain that you are concerned might be related to your heart, you should seek medical advice urgently.**  If ex-smoker: You have already stopped smoking. It is important that you never smoke again.  If current smoker: The most valuable thing you can do to reduce your risk is stop smoking. For support with this, please:  • Text QUIT to 60777, or  • Contact your local stop smoking service at: https://bristol.everyonehealth.co.uk/self-referral/ or  • Call 0333 005 0095 |