



NLCA | National Lung Cancer Audit

HEALTHCARE IMPROVEMENT PLAN

17 August 2023

1. Introduction

The National Lung Cancer Audit (NLCA), commissioned by the Healthcare Quality Improvement Partnership, evaluates the care received by patients diagnosed with lung cancer in NHS hospitals within England and Wales.

The audit will use a set of indicators as the basis of this evaluation. The indicators will be closely aligned to the recommendations in the 2019 NICE lung cancer guideline (NG122) and the NICE quality standards from 2012 and 2019 as well as relevant NICE technology appraisals.

This NLCA strategy to promote quality improvement aims to provide NHS providers and commissioners with information on the possible reasons for variation in lung cancer care. These might be related to:

1. differences in the nature and extent of disease, notably the distinct tumour subtypes of non-small-cell lung cancer (NSCLC) and small-cell lung cancer (SCLC) given their distinct patterns of care and prognosis.
2. differences in the prevalence and severity of comorbidities and frailty that may contraindicate surgery, systemic anti-cancer therapy (SACT) or radiotherapy.
3. Variations in the uptake of and access to new technologies and treatment techniques e.g., stereotactic radiotherapy, hospitals participating in clinical trials.

2. Strategy to develop improvement goals

The NLCA improvement goals for the coming contract period will build on the goals adopted during the previous 5 years and be developed in consultation with the patient and professional representatives in the CRG such as the Lung Cancer Nursing UK and Roy Castle Lung Cancer Foundation. Involvement of the members of the standalone NLCA's Clinical Reference Group (CRG) patient subgroup (which we will establish) will be crucial for having the experiences and views of patient and their carers feed into the work.

A key priority for lung cancer services is the goal of improving the care for those with lung cancer across the UK to raise 5-year survival to 25% by 2025.

We envisage the goals will centre on:

1. Increasing the proportion of patients who receive treatment with curative intent. This will reflect NICE recommendations for patients with NSCLC undergoing resection surgery and adjuvant therapy. It is also related to two NICE 2019 Quality Standards: increasing the proportion of patients encouraged to seek medical advice if experiencing symptoms (statement 1) and ensuring that patients suitable for curative treatment have their stage and lung function established (statement 4+5)
2. Increasing the proportion of patients who are assessed by a lung cancer nurse specialist – NICE 2019 Quality Standard (statement 3)
3. Reducing the number of patients diagnosed after an emergency presentation. These patients usually have advanced stage and poor prognosis. This goal will form part of the NLCA reporting of routes to diagnosis and will be reported to primary care and cancer alliances to complement the work of the NHS England's Lung Health Checks initiative, part of the NHS Long Term Plan to improve early diagnosis and survival for those diagnosed with cancer.

4. Improving compliance with the National Optimal Lung Cancer Pathway, which sets timeframes for each stage of the care pathway, enabling treatment for patients to start within 49 days of lung cancer being suspected.
5. Reducing variation in quality and improving timeliness for patients undergoing predictive molecular marker analysis – NICE 2019 Quality Standard (statement 6)

We will build our quality improvement activity around a strong communication strategy that consists of three (inter-related) elements. First, we will support clinical staff in the implementation of best practice by publishing key indicators for local benchmarking. These indicators will be published quarterly on the NLCA dashboard, and be presented in appropriate formats to promote QI initiatives (eg, run charts). The NLCA will develop key indicators to enable the audit to monitor progress against the healthcare improvement goals. We expect this process to build on the previous set of NLCA performance indicators (see Table 1 below), so that the audit provides continuity for NHS lung cancer services. Nonetheless, there are various opportunities for development. For example, while the indicators cover curative treatment, they do not explicitly cover the issue of curative treatment for patients with stage 3 disease.

Second, we will continue a programme of quality improvement workshops. These will introduce quality improvement techniques and how they can be applied (eg, the implementation of faster lung cancer pathways). It will also provide a venue for the sharing of good practice. For example, a significant proportion of patients who are diagnosed with stage 3 disease do not receive radical intent chemo-radiotherapy. We envisage these workshops could be a means to raise awareness amongst practitioners about options for offering curative therapies to stage 3 patients. This could have a positive impact on the “25% survival by 2025” target if treatment rates were improved.

Table 1: Performance indicators published in the 2021 National Lung Cancer Audit Annual Report*

Key indicators	NLCA benchmark figures	Performance in 2020
Proportion of patients with stage IV disease		44%
Proportion of patients with PS 0–1 recorded		47%
Proportion of patients with pathological confirmation of lung cancer for stage I/II and PS 0–1	≥90%	77%
Proportion of patients seen by lung CNS	≥90%	75%
Diagnosis via emergency presentation		35%
Median time from diagnosis to treatment (days)		27
Proportion of patients with NSCLC undergoing resection surgery	>17%	15%
Proportion of patients with SCLC receiving chemotherapy	>70%	66%
Curative treatment rate in patients with stage I/II and PS 0–1	>80%	73%
Proportion of patients with NSCLC stage IIIB–IV and PS 0–1 who received systemic anticancer therapy	>65%	55%

Key: NSCLC – non small cell lung cancer; SCLC – small cell lung cancer

Source: Royal College of Physicians: National Lung Cancer Audit Annual Report 2021 (published January 2022)

*On the basis of Rapid Cancer Registration data

Third, we will refine the NLCA quality improvement toolkit. The toolkit contains several aids to help local teams to address areas of weakness identified by the indicator dashboard / state-of-the-nation reports.

3. Improvement methods

The NLCA will: (1) engage in key collaborations, (2) align with other initiatives in lung cancer care, and (3) provide outputs – to support quality improvement at the national, regional and local level.

The two principal strategies for reporting NLCA results will be producing:

- A short “state of the nation” report for NHS Trusts/Health Boards within England and Wales. These reports will highlight where services should focus quality improvement activities.
- an indicator dashboard on the NLCA website that contains NHS organisational-level results. These dashboard indicators will facilitate benchmarking and the monitoring of performance at regular intervals so improvements in performance can be tracked

These outputs will be accompanied by a range of tools that will support their use by local services and other stakeholders, as described below.

3.1. National and regional

The NLCA undertakes various activities that directly support national stakeholders and regional NHS organisations to tackle system-wide aspects related to the delivery of high-quality lung cancer services:

Stakeholder	NLCA activity
<i>NATIONAL</i>	
NHS England and Wales	Identify issues and make recommendations, on the organisation and delivery of lung cancer services, which might involve national leadership. Recommendations published in audit’s State of the Nation reports.
National incentives	Provide the Care Quality Commission (CQC), Care Inspectorate Wales, and Getting It Right First Time (GIRFT) with information to support local visits to NHS organisations.
Professional organisations	Identify issues and make recommendations regarding the delivery of lung cancer care that fall within the remit of the professional organisations.
<i>REGIONAL</i>	
Cancer Networks / Alliances / Vanguard	Support the monitoring role of Welsh Cancer Networks and the English Cancer Alliances / Vanguard by publishing results for their region/area.

At a national level, the NLCA team will also provide the National Cancer Registration and Analysis Service (NCRAS) Data Improvement Leads (in England), and the Wales Cancer Network with information to help them support their NHS organisations to improve the quality of their routine data submissions.

3.2. Local

The NLCA supports local NHS cancer services in their care of lung cancer patients in the following ways:

NLCA feedback activity	Description
Annual “State of the Nation” Reports	State of the Nation reports that allow NHS organisations in England and Wales to benchmark themselves against clinical guideline recommendations and the performance of their peers.
Web-based dashboard	Presents results for individual NHS organisations that allows the user to compare the results of a selected provider against a peer organisation.
Local Action Plan template	Allows NHS organisations to document how they will respond to the State of the Nation Report recommendations.
Data case studies	Examples of different approaches used by NHS trusts in England to ensure their Cancer Outcomes and Services Dataset (COSD) submissions to NCRAS are as complete as possible.
Materials supplementary to the State of the Nation Report	Including tools for improving data completeness.

3.3. Improvement tools

The NLCA website will include a **Quality Improvement Resources page** with links to the RCS website and other web-based material that direct healthcare providers to various QI tools (to be reviewed regularly and updated as appropriate), including:

- “How to” guides.
- Links to existing resources e.g. [Institute for Healthcare Improvement](#), [ELFT QI tools](#).
- Links to training courses for quality improvement e.g. [ELFT QI training](#).
- Good practice repository with contact information where possible.

3.4. Improvement workshops

- The NLCA team plans to organise an annual national workshop to highlight key components of the diagnostic and treatment pathways. The topic for the workshop will be selected in

consultation with the CRG and patient representatives from the various options suggested by the NLCA improvement goals (e.g., chemo-radiotherapy for stage III disease, modern adjuvant therapies in resected NSCLC). Delivery of the workshop in a face-to-face forum or online will depend upon the topics to be covered and the feasibility of attendance.

- The NLCA team will discuss with the RCS QI Collaborative about sharing expertise for quality improvement initiatives going forwards.

3.5. Patient and public involvement

- Patient representatives will be regularly consulted on the design of the audit and the communication of its results. The NLCA's Clinical Reference Group (CRG) patient subgroup will advise on audit priorities, as well as the content of the NLCA dashboard and presentation of the annual State of the Nation reports.
- They will:
 - Actively participate in the production of the public and patient versions of NLCA State of the Nation reports.
 - Advise on the design / function of its website to ensure that patients and the public can easily access audit results.
- The patient subgroup of the NLCA CRG will be one of the key stakeholder groups engaged in reviewing (and co-producing) yearly drafts of this improvement plan.

3.6. Communication and dissemination activities

The NLCA will communicate regularly with stakeholders, including patients and the public in the following ways:

3.6.1. Newsletters

- The NLCA Newsletter is distributed to key stakeholders on a quarterly basis, highlighting quality improvement methods and tools (where appropriate). These are also all published on the NLCA website
- Project team members also contribute items for newsletters created by medical associations, patient associations.

3.6.2. Website and Social Media

- The NLCA website will be reviewed and updated on a monthly basis (as appropriate), and houses the improvement tools described in [section 3.3](#).
- NLCA Twitter account will tweet (and retweet) about key resources, publications or topics of interest to our stakeholders, including tools to aid quality improvement.

3.6.3. Conferences and Peer Reviewed Papers:

The NLCA will present audit results at national conferences, and publishes articles in medical journals and other media.

4. Evaluation

- The NLCA will report progress against improvement goals:
 - to the Project Board¹: On an annual basis, during the audit's yearly Autumn meeting (following publication of the State of the Nation Report).
 - to HQIP at contract review meetings: On an annual basis, during the audit's yearly Autumn meeting (following publication of the State of the Nation Report).
- Results of the impact of NLCA improvement plan will also be published in future NLCA State of the Nation reports.

¹ The Project Board is convened on a biannual basis; in the Spring and Autumn.