

Addressing inequalities in lung cancer through a clinical communities approach

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Setting higher standards

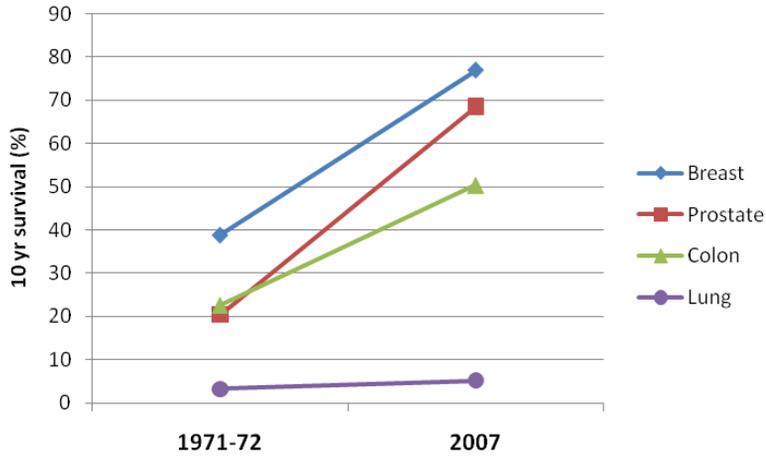
Plan

- Background
- Aims
- Methods
- Results
- Conclusions



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Lung cancer survival

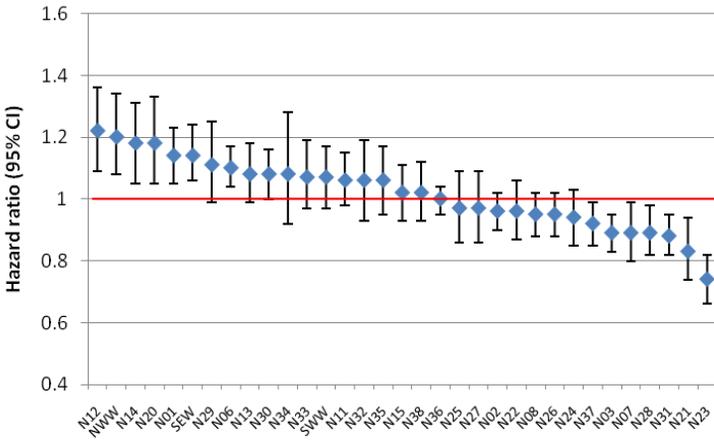


Source: Cancer Research UK July 2010



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Variation in survival

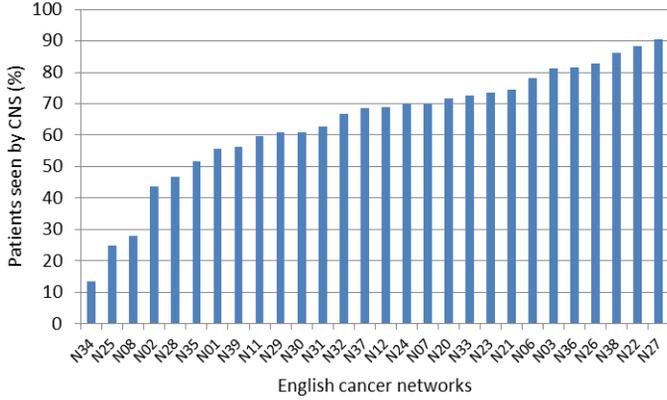


Beckett et al. *Clinical Medicine*. 2012;12:1



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Patient Experience



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ILCOP aims

Understand the reason for variation
Raise the standard of all to the best



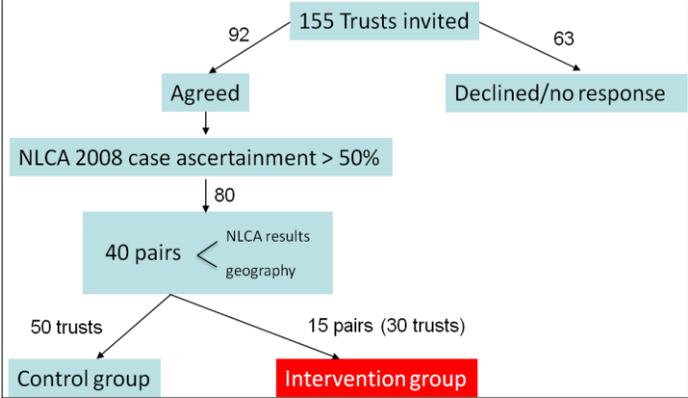
Improve patient experience
Improve survival



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ILCOP methods

Multicentre randomised control trial



The 30 teams:



ILCOP methods



ILCOP results

- Local changes with measurements
- Patient experience
- Independent qualitative evaluation
- National Lung Cancer Audit – Q3/2012

Sherwood Forest

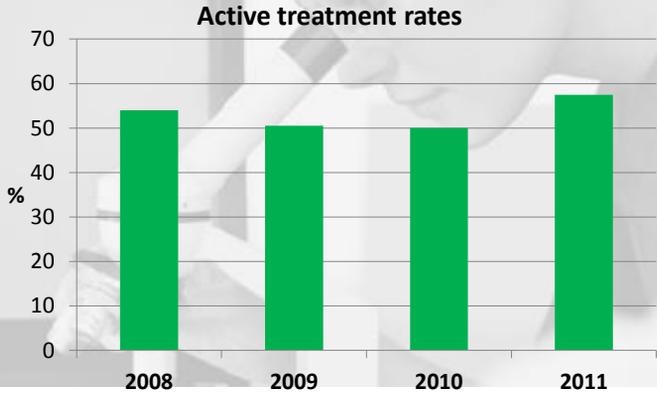
To ensure that histological diagnosis is sought for all appropriate patients, with consequent increase in active treatment



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Sherwood Forest

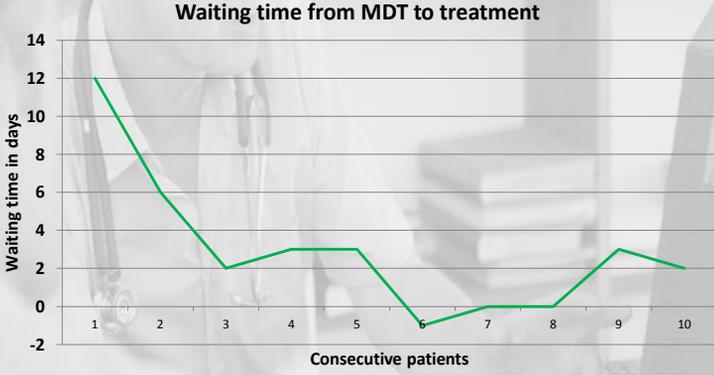
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West Suffolk

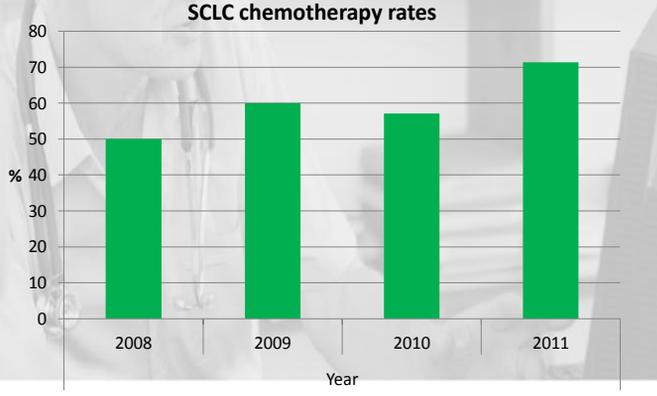
Ensure that small cell lung cancer patients have the earliest possible opportunity to meet with an oncologist and be considered for treatment



Setting higher standards

West Suffolk

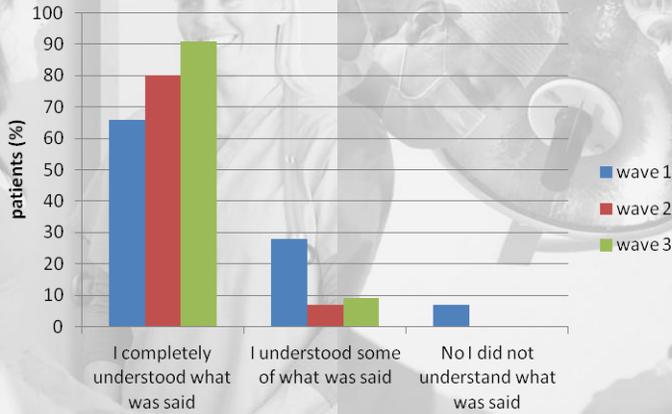
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Setting higher standards

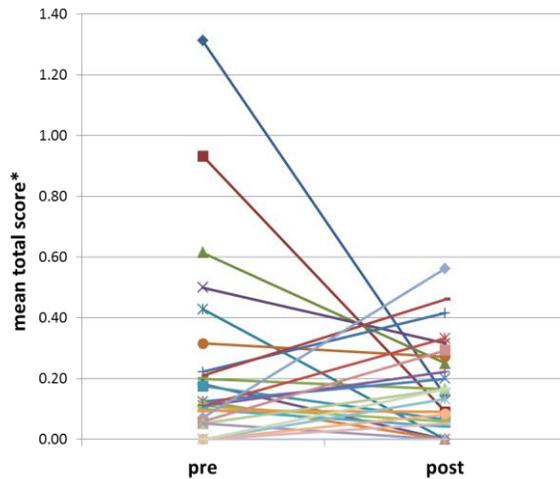
Basingstoke

Improve patient experience through improved communication with patients



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Patient experience

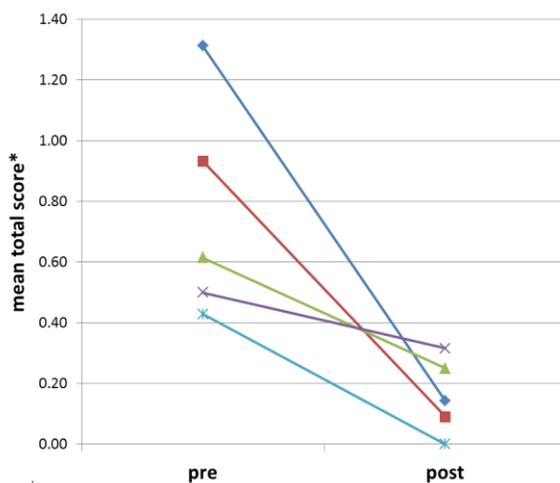


*higher score = worse experience



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Patient experience (worse 5)



*higher score = worse experience



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External evaluation

- Participants' experiences overwhelmingly positive
- Pairing of trusts & facilitation of visits crucial
 - Peer to peer
 - Reciprocal
 - Not within the same network
- ILCOP strong driver to change
- Involvement of senior managers important
- More constructive than peer review



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Summary

- Reciprocal peer to peer review
 - Feasible
 - Powerful stimulus to improve
 - Examples of local measurement
 - Very well accepted
- Future integration into NCPR?

Questions?

ILCOP website

<http://www.rcplondon.ac.uk>