

The Improving Lung Cancer Outcomes Project (ILCOP):

A study of the feasibility of a national reciprocal peer review and facilitated quality improvement programme

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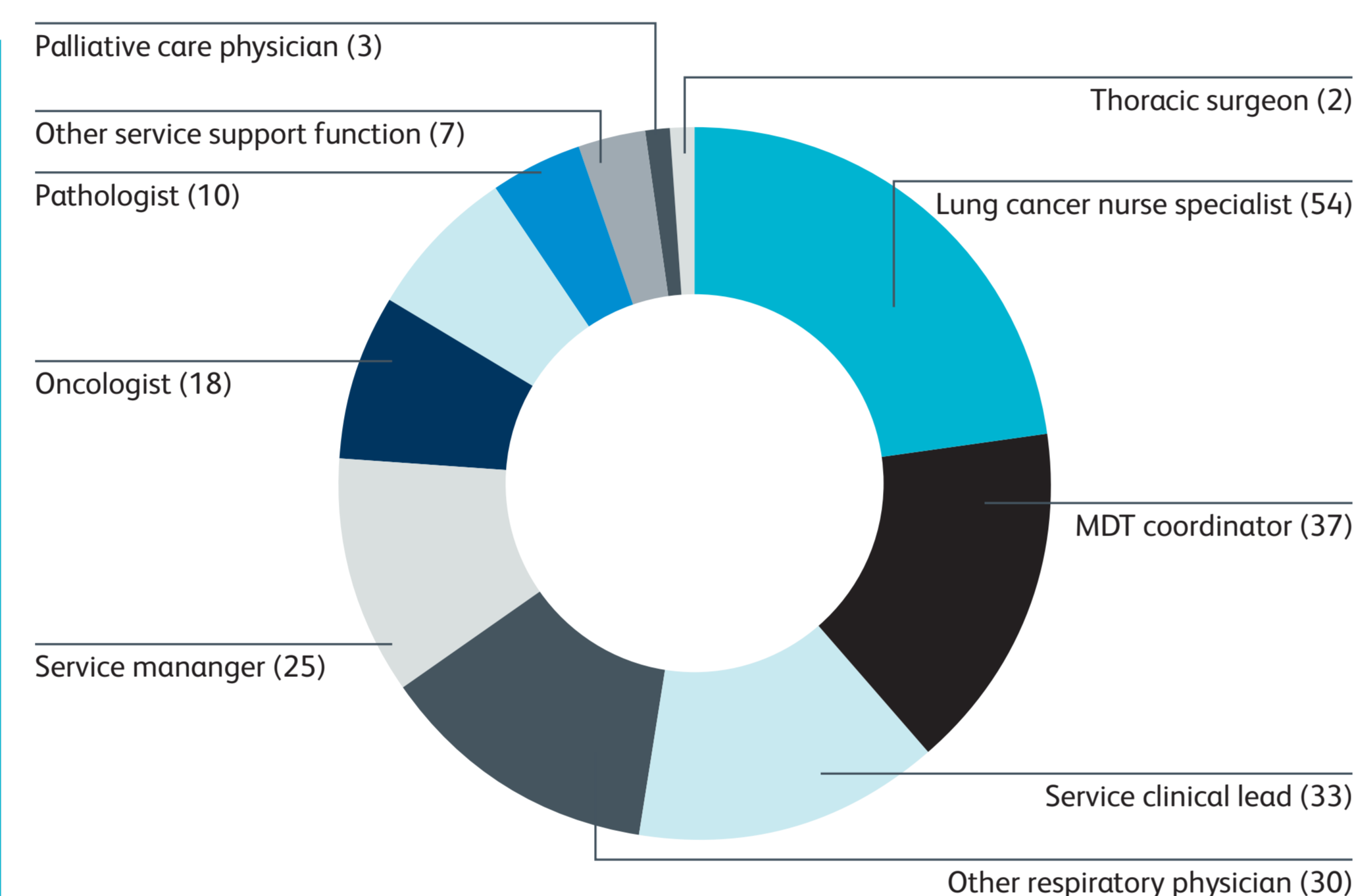
Background

Variation exists in lung cancer outcomes in the UK, which is not fully explained by differences in case mix. The Improving Lung Cancer Outcomes Project (ILCOP) aims to address this via a two-year long bespoke programme of quality improvement (QI) activities. Here, we describe the feasibility and acceptability of delivering this programme over year 1.

Results

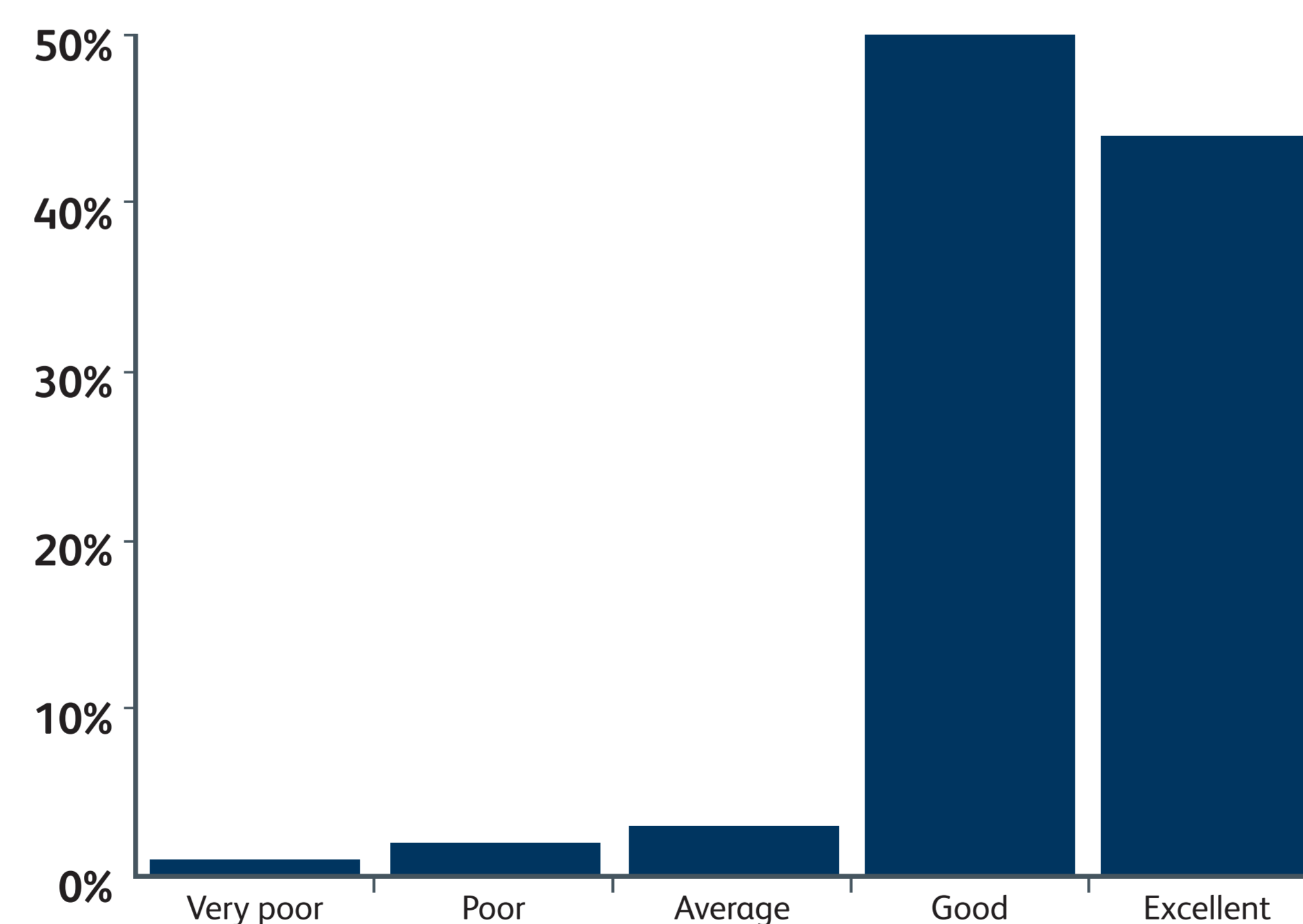
Ninety-two out of 156 (59%) trusts agreed to participate. The site visits for the 15 pairs in the intervention arm (Fig 1) were attended by 235 multidisciplinary team (MDT) members (Fig 2) and took 6 months to complete.

Fig 2. Participating multidisciplinary team members.



Feedback following the reciprocal site visits is summarised in Fig 3.

Fig 3. ILCOP visits: ability to identify areas for improvement.



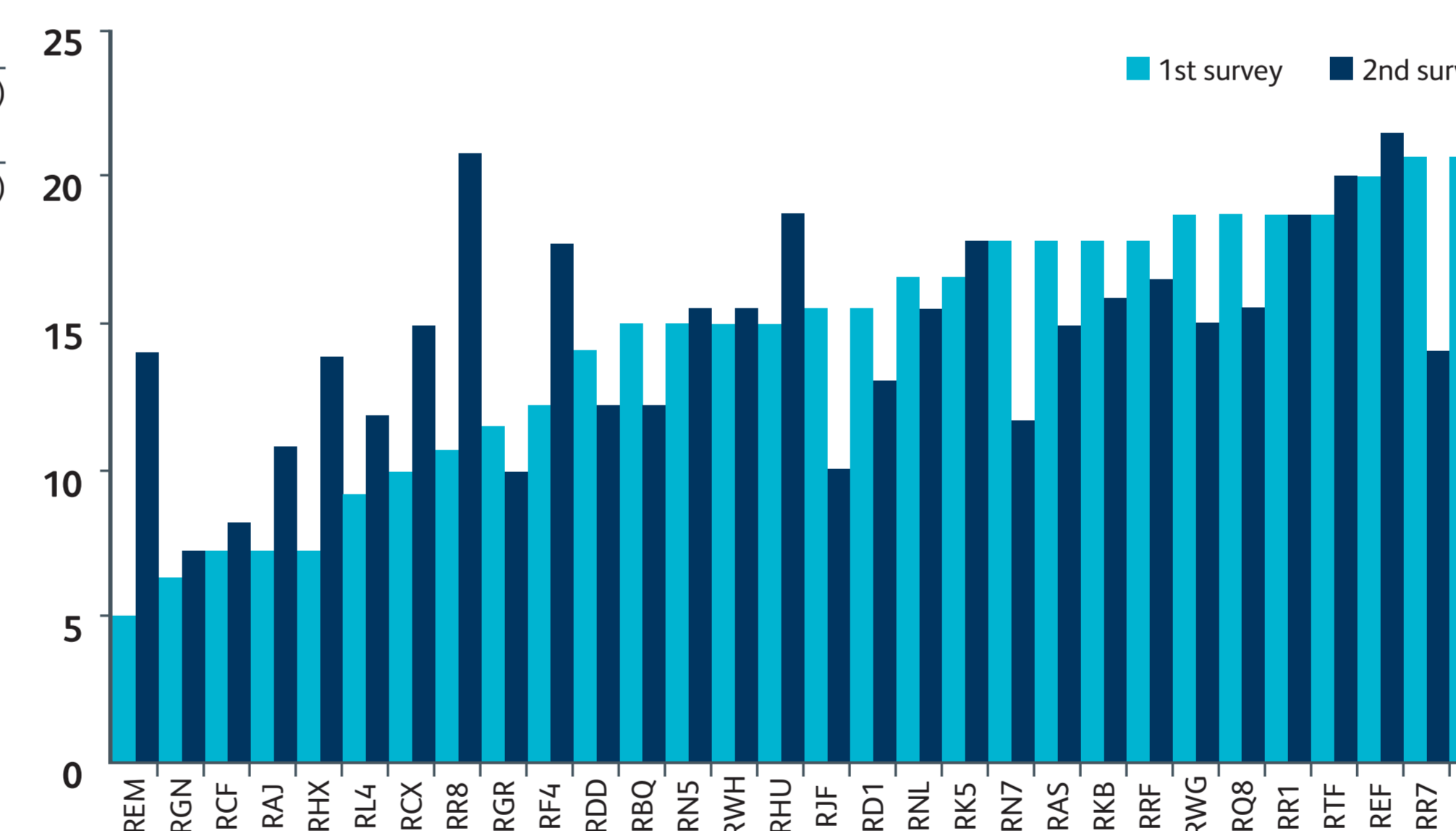
Seventy-one QI plans were submitted by 29 of the 30 trusts. These focused on a range of areas (Table 1).

Table 1. Quality improvement plans.

Area for improvement	No of plans
NLCA outcomes	43
Patient experience	9
MDT effectiveness	14
Generic data collection	7

The returns for the baseline and midpoint questionnaires are shown by trust in Fig 4.

Fig 4. Patient questionnaire returned per trust (max 30).



Conclusions

- > Reciprocal peer review and facilitated QI planning are both feasible and acceptable.
 - ILCOP was perceived as supportive and yet opened up the possibility of legitimately challenging current ways of working.
 - ILCOP allowed local flexibility to address specific issues rather than centrally dictated changes.
- > Considerable resource is required to organise timely site visits, provide credible patient feedback and to maintain the focus on QI plans.
- > Consideration should be given to incorporating ILCOP methodology into national cancer peer review programmes.

The external evaluation team confirmed that visits were seen as supportive yet opened up the possibility of legitimately challenging current ways of working.

A number of quotes from participants are shown below:

‘It seems like this project has maybe created that opportunity for people who’ve maybe been sitting in their MDTs thinking “This isn’t right” but not quite getting that link of how they could improve it. Suddenly sort of opening up ideas for them to be able to do that.’

‘I think people are more likely to respect and take on board the views of people who are doing similar roles to themselves. It’s different to perhaps a pen pusher or some, you know, member of management coming in and saying “You should do this, you should do that!”’

‘Any forum that brings like-minded, forward-thinking clinicians together to exchange ideas and improve the services for our patients has to be a good thing.’

Methods

All NHS trusts in England were invited to take part. Those who agreed were paired on the basis of contrasting results in four headline indicators from the National Lung Cancer Audit (NLCA). Fifteen pairs were randomised to the intervention arm and 25 pairs acted as controls.

The intervention group were invited to participate in:

- > workshops
- > reciprocal service reviews
- > patient experience surveys
- > facilitated QI work.

This activity was evaluated using anonymous feedback, interviews with participants and observations of programme activities by external researchers. This project is funded by the Health Foundation.

In partnership with:

