

Improving Lung Cancer Outcomes Project (ILCOP): learning from the project

Key findings

Over 230 professionals took part in the project. The Multidisciplinary Team (MDT) reviews were described by 99% of participants as good or excellent in their ability to identify areas for improvement.

Local QI activity resulted in improvements in a number of areas. For example:

- One site reduced the time patients wait for chemotherapy from 12 to 2 days by streamlining the diagnostic pathway. This resulted in the number of small cell lung cancer patients being able to access treatment increasing from 57% in 2010 to 71% in 2011.
- Another team introduced a new system for the review of pathology specimens which ensured small cell lung cancer patients were seen more quickly by an oncologist.
- Another site achieved a 20% increase in the number of patients reporting in their patient satisfaction survey that information about diagnosis was given with sensitivity and care.
- Another team introduced communications skills training that resulted in a significant increase in the proportion of patients who completely understood their diagnosis as measured by a patient experience survey.

Successes

- Design and implementation of a new lung cancer specific patient experience questionnaire.
- Excellent attendance at the project workshops.
- 30 reciprocal peer-to-peer review site visits conducted with excellent feedback from 210 participants.
- 71 quality improvement plans were developed by the local teams which resulted in improvements in a number of areas such as reducing time patients waited for chemotherapy, improving patient experience and the communication/understanding of diagnostic information.
- Numerous examples of local improvement stories.

Challenges

- Organising a large number of site visits within a fixed time period.
- Low baseline skills in QI methodology from local project team members, i.e. clinical leads, nurses and MDT coordinators.
- Maintaining engagement of busy clinical teams.
- Validity of patient experience results when response rates were low.

Advice to others doing similar projects

- Ensure there are enough national stakeholder organisations supporting the project.
- Ensure teams feel this is an equal process with no hidden agenda.
- Ensure the service reviews are reciprocal.
- Ensure there is a non-clinical facilitator for running the day.
- Base your discussions on data collected in a similar manner across all sites.
- When undertaking the reviews, make all data as relevant as possible to the team that is being reviewed (for example data on lung cancer rather than all cancer) and as timely as possible.
- Minimise the admin burden on clinicians.
- Be clear of your expectations – how much quality improvement knowledge would you expect teams to use?
- Introduce senior leadership links early on.
- Don't make assumptions about what will work.
- Planning is crucial – spend more time, not less, on planning to get it right.
- Getting to know people as individuals, it improves team work.
- Different teams preferred different levels of interaction.
- Necessity for simple reiteration of QI principles.
- Measurement is always difficult – needs reiterating again and again.
- Importance of measuring the impact of changes in real time.
- How reliability and standardisation are key to improving quality.
- Articulate the importance of interpersonal relationships and stop it getting 'written-out' of evaluations.
- The importance of getting teams to take time out to speak to each other.
- The importance of individualised facilitator feedback – helpful in creating a no-blame environment.

To find out more information about this project, visit the [RCP website](#).