

UKLCC Lung Cancer Quality Standard

Number	Quality Statements
1	A targeted and sustained public awareness campaign about the symptoms of lung cancer is in place to encourage early presentation to primary care
2	Clinical decision support systems assist GPs in identifying patients who are at high risk of having lung cancer
3	All diagnosed cases of lung cancer are reviewed in general practice significant event reviews.
4	Symptomatic patients have rapid access to a chest x-ray and if clinical concern remains are referred directly for a CT scan. Results of chest x-rays and scans are reported rapidly by a radiologist
5	Every patient where lung cancer is suspected following a chest x-ray or CT scan is referred to a rapid access clinic
6	Every patient has their case discussed by a specialist lung cancer MDT which has a membership that is representative of every relevant discipline and that every healthcare professional in the MDT has a specialism in thoracic oncology
7	Every patient suspected of having lung cancer has access to a named lung cancer nurse specialist when informed of the first suspicion of lung cancer
8	Lung Cancer nurse specialist workforce capacity should ensure that each lung cancer nurse specialist has a workload which does not exceed 80 new lung cancer patients a year
9	Patients with lung cancer have a current agreed care plan, based on a holistic, structured assessment of their needs, which is first done following their diagnosis and is updated as and when appropriate at key points along their care pathway. The assessment covers their information, physical, psychosocial, spiritual, financial and rehabilitation needs, and they receive tailored interventions based on the needs identified
10	Patients with lung cancer receive accurate, tailored, timely and accessible information at key points along their care pathway, alongside support to navigate the different sources of information available, assistance to understand the content of information materials, emotional support to cope with any difficult implications and advice on how to access and use information materials
11	Carers of patients with lung cancer are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs
12	The diagnostic and staging pathway is planned at the earliest possible time within the referral pathway to allow timely access to diagnostics. This pathway is designed to allow the safest and most informative diagnosis, including the type and extent of the cancer, with the fewest tests
13	Every patient with localised lung cancer is reviewed by a surgeon with a true thoracic interest who is able to provide the full range of surgical techniques. A defined process is in place for a second opinion on operability
14	Every patient with lung cancer has access to optimal radiotherapy techniques including those patients who are deemed unsuitable for surgery
15	All patients with advanced (stage IIIB/IV) NSCLC of good performance status (PS 0/1) are considered for systemic therapy. All treatments recommended in NICE technology appraisals are available. All suitable patients have access to second line treatment and

	maintenance
16	All surgical patients with stage II or above are referred for an oncological opinion for adjuvant chemotherapy
17	Patients with small cell lung cancer are treated within 2 weeks of the date of their tissue diagnosis
18	Patients have access to specialist palliative interventions including stenting and laser
19	Every patient has the opportunity to enrol into appropriate clinical trials at all stages of their patient pathway
20	All patients receive a 'stock-take' appointment following the completion of their treatment

Quality statement 1

Quality statement	A targeted and sustained public awareness campaign about the symptoms of lung cancer is in place to encourage early presentation to primary care
Quality measure	Structure and process: Evidence of a public awareness campaign in place about the symptoms of lung cancer which encourages early presentation to primary care
Description of what the quality statement means for each audience	<p>Commissioners ensure that they commission a local public awareness campaign about the symptoms of lung cancer which encourages early presentation to primary care. Wherever possible these should be targeted using social marketing techniques</p> <p>Public are aware of the symptoms of lung cancer and are encouraged to present early to primary care if they have symptoms</p>
Definitions	<p>NICE Lung Cancer Clinical Guideline 121 (2011) identifies as a key priority that <i>"The public needs to be better informed of the symptoms and signs that are characteristic of lung cancer, through coordinated campaigning to raise awareness."</i></p> <p>The Doncaster Cough project is a useful example for local lung cancer awareness campaigns. Further details on this project, the materials used and the outcomes achieved are available at the Cancer Research UK website here http://info.cancerresearchuk.org/spotcancerearly/naedi/local-activity/social-marketing/Lung-cancer-projects/#Doncaster</p>
Data source	Local data collection

Quality statement 2

Quality statement	Clinical decision support systems assist GPs in identifying patients who are at high risk of having lung cancer
Quality measure	Structure: Evidence that GPs have access to clinical decision support systems to

	<p>assist them in identifying patients who are at high risk of having lung cancer</p> <p>Process: Proportion of GPs that have access to a clinical decision support system to assist them in identifying patients who are at high risk of having lung cancer</p> <p>Numerator – Number of GPs that have access to a clinical decision support system to assist them in identifying patients who are at high risk of having lung cancer</p> <p>Denominator – Number of GPs</p>
Description of what the quality statement means for each audience	<p>General practitioners have access to a clinical decision support system that assists them in identifying patients who are at high risk of having lung cancer</p> <p>Commissioners ensure that GPs have access to a clinical decision support system to assist them in identifying patients who are at high risk of having lung cancer</p> <p>Patients can feel confident that their risk factors and symptoms will be picked up by GPs who have access to a clinical decision support system that assists them in identifying patients who are at high risk of having lung cancer</p>
Definitions	Clinical decision support software (ideally built into the GP's IT system) that is designed specifically to prompt consideration of investigation or referral to a rapid access clinic for patients in whom there is a suspicion of cancer
Data source	Local audit

Quality statement 3

Quality statement	All diagnosed cases of lung cancer are reviewed in general practice significant event audits
Quality measure	<p>Structure Evidence of arrangements in each GP practice for regular significant event audits which include all diagnosed cases of lung cancer</p> <p>Process Proportion of general practices conducting significant event audits which include all diagnosed cases of lung cancer</p> <p>Numerator – Number of general practices conducting significant event audits which include all diagnosed cases of lung cancer</p> <p>Denominator – Number of general practices</p>
Description of what the quality statement means for each audience	General practitioners ensure that arrangements are in place at their practice to review all diagnosed cases of lung cancer in significant event audits. Priority should be given to reviewing those patients whose first presentation to secondary care is as an emergency admission

	<p>Commissioners ensure that all general practices have arrangements in place to review all diagnosed cases of lung cancer in significant event audits</p> <p>Patients can feel confident that their general practice will learn from the handling of all diagnoses of lung cancer</p>
Definitions	<p>‘An Analysis of Significant Event Audits (SEA) for diagnosis of lung cancer and cancers in teenagers and young adults 2008-2009’ conducted by the Universities of Dundee, Glasgow and Durham for the NAEDI Initiative found that the practice of completing a significant event audit for diagnoses of lung cancer helped with the identification of learning points and led to changes in practice</p> <p>The Quality and Outcomes Framework 2011/2011 (Organisational domain, Education 7) includes an indicator for practices which have undertaken a minimum of 12 significant event reviews in the last three years, which could include new cancer diagnoses</p>
Data source	Local data collection

Quality statement 4

Quality statement	Symptomatic patients have rapid access to a chest x-ray and if clinical concern remains are referred directly for a CT scan
Quality measure	<p>Structure</p> <p>a) Evidence that patients with signs or symptoms suggestive of lung cancer are given rapid access to chest radiography</p> <p>b) Evidence that a process is in place such that when a chest radiograph is indicative of lung cancer a CT scan is arranged (either as a stand-alone event, or as part of a rapid access lung cancer clinic referral pathway)</p> <p>Process</p> <p>a) Proportion of patients with symptoms of lung cancer who are referred directly from general practice to chest radiography using the rapid access pathway</p> <p>Numerator – Number of patients symptomatic of lung cancer who are referred directly from general practice to chest radiography using the rapid access pathway</p> <p>Denominator – Number of patients symptomatic suggestive of lung cancer</p> <p>b) Proportion of patients with an abnormal chest radiograph, who are then referred for a CT scan</p> <p>Numerator – Number of patients with an abnormal chest radiograph, who are then referred for a CT scan</p>

	Denominator – Number of patients with an abnormal chest radiograph
Description of what the quality statement means for each audience	<p>Service providers ensure facilities and processes are in place for rapid undertaking and reporting (maximum of 48 hrs turn-around time) of chest radiography along with systems for facilitating CT scanning when lung cancer is suspected on the basis of the chest radiograph appearance</p> <p>General practitioners ensure that they refer patients with symptoms of lung cancer for a chest radiograph using the rapid access pathway</p> <p>Radiologists (or healthcare professionals such as radiography advanced practitioners) reading chest radiographs ensure that when lung cancer is suspected that they instigate appropriate further investigation and referral</p> <p>Commissioners ensure the service that they commission provide prompt chest radiography when lung cancer is suspected along with an integrated process for the arrangement of CT scanning and/or rapid access chest clinic appointments when the radiograph confirms the suspicion of lung cancer</p> <p>Patients should expect prompt access to chest radiography, the arrangement of further imaging and/or a rapid access clinic appointment if the chest radiograph is abnormal and should be informed of the need for further imaging/clinical assessment with the option of contact with a lung cancer nurse specialist at this stage</p>
Definitions	The British Thoracic Society recommends a list of symptoms for which the patient should be referred for a chest radiograph (British Thoracic Society Standards of Care Committee: BTS statement on criteria for specialist referral, admission, discharge and follow-up for adults with respiratory disease. Thorax 2008;63 (Suppl 1):i1–i16. doi:10.1136/thx.2007.087627). New guidance on referral for chest x-ray for patients with suspected lung cancer is expected to be published by the Cancer Diagnostics Advisory Board of the Department of Health in the autumn of 2011. This advice should be adopted in primary care
Data source	Local data collection for peer review process and for submission to the National Lung Cancer Audit. The DH’s Cancer Diagnostics Advisory Board, in collaboration with its NAEDI (National Early Diagnosis and Awareness Initiative) programme are in the process of developing routine data collection on the utilisation of plain CXRs and CT scans of the thorax by general practice. These data sources should be used when they become available

Quality statement 5

Quality statement	Every patient where lung cancer is suspected following a chest x-ray or CT scan is referred to a rapid access clinic
Quality measure	Structure Evidence that radiology departments have a process in place such that when a chest radiograph or a CT scan is suspicious of lung cancer an urgent clinic appointment with a rapid access lung cancer clinic is arranged and the GP and

	<p>patient are informed</p> <p>Process – Proportion of patients with a chest radiograph or a CT scan which is suspicious of lung cancer for whom an urgent clinic appointment with a rapid access lung cancer clinic is arranged</p> <p>Numerator – Number of patients with a chest radiograph or a CT scan which is suspicious of lung cancer for whom an urgent clinic appointment with a rapid access lung cancer clinic is arranged</p> <p>Denominator – Number of patients with a chest radiograph or a CT scan which is suspicious of lung cancer</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that processes are in place for patients with a chest radiograph or a CT scan which is suspicious of lung cancer to be referred for a rapid access chest clinic appointment</p> <p>Radiologists reading CT scan images must ensure that when lung cancer is suspected that they instigate appropriate referral to a member of the thoracic MDT, normally a chest physician, and arrange a rapid access lung cancer clinic appointment</p> <p>Commissioners ensure that the services they commission provide appropriate referral to a member of the thoracic MDT, normally a chest physician, and arrange a rapid access lung cancer clinic appointment for those patients who have a chest radiograph or CT scan which is suspicious of lung cancer</p> <p>Patients should expect a rapid access lung cancer clinic appointment if the chest radiograph or CT scan is abnormal and should be informed of the need for further imaging/clinical assessment with the option of contact with a lung cancer nurse specialist at this stage</p>
Definitions	<p>NICE Lung Cancer guideline CG24 (2005, updated November 2010) Guidelines 1.1.5 and 1.1.6 state that if a chest radiograph or CT scan indicate a high suspicion of lung cancer the patient should be referred to a member of the multi-disciplinary team, normally a chest physician. New guidance on referral for chest x-ray and subsequent CT scans for patients with suspected lung cancer is expected to be published by the Cancer Diagnostics Advisory Board of the Department of Health in the autumn of 2011. This advice should be adopted in primary care</p>
Data source	<p>Local data collection for peer review process and for submission to the National Lung Cancer audit</p>

Quality statement 6

Quality statement	<p>Every patient has their case discussed by a specialist lung cancer MDT which has a membership that is representative of every relevant discipline and that every healthcare professional in the MDT has a specialism in thoracic oncology</p>
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<p>Quality measure</p>	<p>Structure Evidence that local arrangements are in place within each Trust for every lung cancer patient to be seen by a specialist MDT which has a membership that is representative of every relevant discipline and where every healthcare professional in the MDT has a specialism in thoracic oncology</p> <p>Process Proportion of patients with lung cancer who are seen by a specialist which has a membership that is representative of every relevant discipline and where every healthcare professional in the MDT has a specialism in thoracic oncology</p> <p>Numerator – The number of patients with lung cancer who are seen by a specialist MDT which has a membership that is representative of every relevant discipline and where every healthcare professional in the MDT has a specialism in thoracic oncology</p> <p>Denominator - The number of lung cancer patients who are seen by an MDT</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service providers ensure that their Trust has in place a specialist MDT which has a membership that is representative of every relevant discipline and where every healthcare professional in the MDT has a specialism in thoracic oncology</p> <p>Healthcare professionals ensure that they maintain a thoracic oncology specialism if they are part of specialist lung cancer MDT</p> <p>Commissioners ensure that they commission care for lung cancer patients which is overseen by a specialist MDT which has a membership that is representative of every relevant discipline and where every healthcare professional in the MDT has a specialism in thoracic oncology</p> <p>Patients with lung cancer can expect to be seen by a specialist MDT which has a membership that is representative of every relevant discipline and where every healthcare professional in the MDT has a specialism in thoracic oncology</p>
<p>Definitions</p>	<p>Definitions of ‘specialism’ vary between professional groups and in most there is no formal certification of expertise in any thoracic oncology speciality as such</p> <p>We consider a surgeon to have a true thoracic interest when they complete a minimum one full day’s thoracic operating per week; a minimum of one fully functional lung MDT with all members represented; and minimum one thoracic clinic where lung cancer nurse specialists are in attendance</p> <p>NICE Lung Cancer Clinical Guideline 24 (updated 2011) recommendation 13.4 recommends that <i>“The care of all patients with a working diagnosis of lung cancer should be discussed at a lung cancer multi-disciplinary team meeting.”</i></p>
<p>Data source</p>	<p>The National Lung Cancer Audit records the percentage of cases of lung cancer which are seen by an MDT. The National Cancer Peer Review programme records MDT membership and attendance. These data are available via the Cancer Commissioning Toolkit.</p>

Quality statement 7

Quality statement	Every patient suspected of having lung cancer has access to a named lung cancer nurse specialist when informed of the first suspicion of lung cancer
Quality measure	<p>Structure Evidence of local arrangements in place to ensure that every patient suspected of having lung cancer is offered access to a named lung cancer nurse specialist when informed of the suspicion of lung cancer</p> <p>Process Proportion of patients suspected of having lung cancer who are offered access to a named lung cancer nurse specialist when informed of the suspicion of lung cancer</p> <p>Numerator – The number of patients suspected of having lung cancer who are offered access to a named lung cancer nurse specialist when informed of the suspicion of lung cancer</p> <p>Dominator – The number of patients suspected of having lung cancer</p>
Description of what the quality statement means for each audience	<p>Service providers ensure policies are in place for all patients with suspected lung cancer to be offered access to a named lung cancer nurse specialist.</p> <p>Healthcare professionals ensure that they offer all patients with suspected lung cancer access to a named lung cancer nurse specialist.</p> <p>Commissioners ensure that they commission sufficient numbers of lung cancer nurse specialists to allow all patients with suspected lung cancer to be offered access to a named lung cancer nurse specialist</p> <p>Patients with suspected lung cancer are offered access to a named lung cancer nurse specialist.</p>
Definitions	<p>The NICE Lung Cancer Clinical Guideline 121 (2011) recommends to “<i>Ensure that a lung cancer clinical nurse specialist is available at all stages of care to support patients and carers.</i>”</p> <p>‘<i>Quality in Nursing. Excellence in Cancer Care: The Contribution of the Clinical Nurse Specialist</i>’ published by the National Cancer Action Team and Macmillan Cancer Support outlines the role that cancer nurse specialist play in improving the quality of care provided to patients</p> <p>The National Lung Cancer Forum for Nurses provides good practice guidance on the role of the lung cancer nurse specialist which is available at http://www.nlcfn.co.uk/Portals/0/NHS%20A%20Good%20Practice%20Guide.pdf</p>
Data source	The National Lung Cancer Audit contains data on the percentage of patients seen by a nurse specialist and the percentage of patients who had a specialist nurse present at diagnosis

Quality statement 8

Quality statement	Lung cancer nurse specialist workforce capacity should ensure that each lung cancer nurse specialist has a workload which does not exceed 80 new lung cancer patients a year
Quality measure	<p>Structure Evidence of local arrangements in place to ensure that there is sufficient lung cancer nurse specialist capacity so that each lung cancer nurse specialist has a workload which does not exceed 80 new lung cancer patients a year.</p> <p>Process Proportion of lung cancer nurse specialists whose workload does not exceed 80 new lung cancer patients a year.</p> <p>Denominator – The number of lung cancer nurse specialists whose workload does not exceed 80 new lung cancer patients a year</p> <p>Numerator – The number of lung cancer nurse specialists</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that there is sufficient lung cancer nurse specialist workforce capacity so that the workload of each lung cancer nurse specialist does not exceed 80 new lung cancer patients a year</p> <p>Lung cancer nurse specialists can expect a reasonable workload of no more than 80 new lung cancer patients a year</p> <p>Commissioners ensure that they commission sufficient numbers of lung cancer nurse specialists so that each lung cancer nurse specialist has a workload which does not exceed 80 new lung cancer patients a year</p> <p>Patients can expect to be supported by a lung cancer nurse specialist who has sufficient capacity to provide high quality support</p>
Definitions	Clinical Nurse Specialists: An Evidence Review (Macmillan Cancer Support, October 2010) found that on average there is currently only one lung cancer nurse in England for every 132 people diagnosed with lung cancer, compared to 82 people per breast cancer nurse. Patients with lung cancer should have equal access to a cancer nurse specialist as patients with breast cancer
Data source	Local data collection

Quality statement 9

Quality statement	Patients with lung cancer have a current agreed care plan, based on a holistic, structured assessment of their needs, which is first done following their diagnosis and is updated as and when appropriate at key points along their care pathway, including the point at which they finish treatment. The assessment covers their information, physical, psychosocial, spiritual, financial and rehabilitation needs, and they receive tailored interventions based on the needs identified
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<p>Quality measure</p>	<p>Structure</p> <p>a) Evidence that all patients with lung cancer receive a holistic, structured assessment of their needs following their diagnosis</p> <p>b) Evidence that all patients with lung cancer have an agreed care plan in place</p> <p>c) Evidence that the care plan covers the patients’ information, physical, psychosocial, spiritual, financial and rehabilitation needs</p> <p>d) Evidence that the care plan is reviewed at key points along the patients’ pathway</p> <p>Process</p> <p>a) Proportion of patients diagnosed with lung cancer who receive a holistic, structured assessment of their needs following their diagnosis</p> <p>Numerator – The number of patients diagnosed with lung cancer who receive a holistic, structured assessment of their needs following their diagnosis</p> <p>Denominator – The number of patients diagnosed with lung cancer</p> <p>b) Proportion of patients with lung cancer who have an agreed care plan in place</p> <p>Numerator – The number of patients with lung cancer who have an agreed care plan in place</p> <p>Denominator – The number of patients with lung cancer</p> <p>c) Proportion of patients with lung cancer whose care plan covers their information, physical, psychosocial, spiritual, financial and rehabilitation needs</p> <p>Numerator – The number of patients with lung cancer whose care plan covers their information, physical, psychosocial, spiritual, financial and rehabilitation needs</p> <p>Denominator – The number of patients with lung cancer who have an agreed care plan in place</p> <p>d) Proportion of patients with lung cancer whose care plan in reviewed at key points along their patient pathway</p> <p>Numerator – The number of patients with lung cancer whose care plan is reviewed at key points along their patient pathway</p> <p>Denominator – The number of patients with lung cancer who have an agreed care plan in place</p>
<p>Description of what the quality statement</p>	<p>Service providers ensure systems are in place for all patients diagnosed with lung cancer to receive a holistic, structured needs assessment, leading to the agreement of a care plan covering their information, physical, psychosocial,</p>

<p>means for each audience</p>	<p>spiritual, financial and rehabilitation needs, and ensure that these care plans are reviewed at key points along the patient’s pathway</p> <p>Healthcare professionals ensure that all patients diagnosed with lung cancer receive a holistic, structured needs assessment, leading to the agreement of a care plan covering their information, physical, psychosocial, spiritual, financial and rehabilitation needs, and ensure that these care plans are reviewed at key points along the patient’s pathway</p> <p>Commissioners ensure they commission services which provide all patients diagnosed with lung cancer with a holistic, structured needs assessment, leading to the agreement of a care plan covering their information, physical, psychosocial, spiritual, financial and rehabilitation needs, and ensure that these care plans are reviewed at key points along the patient’s pathway</p> <p>Patients diagnosed with lung cancer receive a holistic, structured needs assessment, leading to the agreement of a care plan covering their information, physical, psychosocial, spiritual, financial and rehabilitation needs. They can then expect their care plans to be reviewed at key points along their patient pathway</p>
<p>Definitions</p>	<p>The NICE guideline on <i>‘Improving Supportive and Palliative Care for Adults with Cancer’</i> recommends that <i>“The outcome of the assessment process at all levels should be a set of individual goals recorded in the patient’s clinical notes and used as the basis for a care plan”</i> (recommendation 10.26)</p> <p>Guidance on conducting a holistic needs assessment is provided by the National End of Life Care Programme’s guide <i>‘Holistic common assessment of supportive and palliative care needs for adults requiring end of life care’</i> available at http://www.endoflifecareforadults.nhs.uk/publications/holisticcommonassessment</p> <p>Additional references:</p> <p><i>Rehabilitation Care Pathway: Lung</i>, National Cancer Action Team http://ncat.nhs.uk/sites/default/files/NCAT_Rehab_Lung.pdf</p> <p><i>Holistic Needs Assessment for people with cancer: A practical guide for healthcare professionals</i>, National Cancer Action Team http://ncat.nhs.uk/sites/default/files/HNA_practical%20guide_web.pdf</p> <p><i>Improving Supportive and Palliative Care for Adults with Cancer</i>, National Institute for Health and Clinical Excellence http://www.nice.org.uk/nicemedia/live/10893/28816/28816.pdf</p> <p><i>Holistic common assessment of supportive and palliative care needs for adults requiring end of life care</i>, NHS National End of Life Care Programme http://www.endoflifecareforadults.nhs.uk/assets/downloads/HCA_guide.pdf</p> <p><i>Supporting and Improving Commissioning of Cancer Rehabilitation Services: Guidelines</i>, National Cancer Action Team www.gmccn.nhs.uk/hp/portal_repository/.../NCATRehabCommisGuide.pdf</p>
<p>Data source</p>	<p>Local data collection</p>

Quality statement 10

<p>Quality statement</p>	<p>Patients with lung cancer receive accurate, tailored, timely and accessible information at key points along their care pathway, alongside support to navigate the different sources of information available and assistance to understand the content and implications of information materials</p>
<p>Quality measure</p>	<p>Structure</p> <p>a) Evidence that patients with lung cancer receive accurate, tailored, timely and accessible information at key points along their care pathway</p> <p>b) Evidence that patients with lung cancer receive support to navigate the different sources of information available</p> <p>c) Evidence that patients with lung cancer receive assistance to understand the content and implications of information materials</p> <p>Process</p> <p>a) Proportion of patients with lung cancer who receive accurate, tailored, timely and accessible information at key points along their care pathway</p> <p>Numerator – The number of patients with lung cancer who receive accurate, tailored, timely and accessible information at key points along their care pathway</p> <p>Denominator – The number of patients with lung cancer</p> <p>b) Proportion of patients with lung cancer who receive assistance to understand the content and implications of information materials</p> <p>Numerator – The number of patients with lung cancer who receive assistance to understand the content and implications of information materials</p> <p>Denominator – The number of patients with lung cancer</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service providers ensure that systems are in place for patients with lung cancer to receive accurate, tailored, timely and accessible information at key points along their care pathway, alongside support to navigate the different sources of information available and assistance to understand the content and implications of information materials</p> <p>Healthcare professionals ensure that all patients with lung cancer receive accurate, tailored, timely and accessible information at key points along their care pathway, alongside support to navigate the different sources of information available and assistance to understand the content and implications of information materials</p> <p>Commissioners ensure that they commission services which provide all patients with lung cancer with accurate, tailored, timely and accessible information at key points along their care pathway, alongside support to navigate the different sources of information available and assistance to understand the content and</p>

	<p>implications of information materials</p> <p>Patients with lung cancer receive accurate, tailored, timely and accessible information at key points along their care pathway, alongside support to navigate the different sources of information available and assistance to understand the content and implications of information materials</p>
Definitions	<p>Patients with lung cancer should receive information in accordance with the NICE clinical guideline on 'Improving supportive and palliative care for adults with cancer' recommendations 4.7 – 4.33</p> <p>This personalised information and support should include:</p> <ul style="list-style-type: none"> • details of named healthcare professionals and how to contact them • dates of any follow-up appointments and review of ongoing adjuvant therapy (including assessment of bone density) • details of surveillance mammography (frequency and duration) • explanations of types of recurrence (ongoing risk), signs and symptoms and how to report them • support in coping with the fear and anxiety of recurrence • explanations of the incidence and of interventions for • possible effects of treatment, including menopausal symptoms, fatigue, lymphoedema, pain, sleep disruption, future pregnancy and bone health • information about the possible psychosocial impact of breast cancer including anxiety, depression, altered body image, sexuality and relationships • practical information about diet, reducing body mass index (BMI) and exercise (lifestyle changes that may help to reduce the risk of recurrence and enhance recovery), • finances and work, breast prostheses and travel insurance • signposting to further sources of information and support.
Data source	<p>Local data collection</p> <p>Data on the percentage of patients who receive information at particular points in their patient pathway is also collected by the National Cancer Patient Experience Survey</p>

Quality statement 11

Quality statement	Carers of patients with lung cancer are offered an assessment of their emotional, psychological and social needs and, if accepted, receive tailored support and interventions identified by a care plan to address those needs
Quality measure	Structure

	<p>a) Evidence that carers of patients with lung cancer are offered an assessment of their emotional, psychological and social needs</p> <p>b) Evidence that carers of patients with lung cancer have a care plan in place if wished</p> <p>c) Evidence that carers of patients with lung cancer receive tailored support and interventions if wished</p> <p>Process</p> <p>a) Proportion of carers of patients with lung cancer who are offered an assessment of their emotional, psychosocial and social needs</p> <p>Numerator – The number of carers of patients with lung cancer who are offered an assessment of their emotional, psychosocial and social needs</p> <p>Denominator – The number of carers of patients with lung cancer</p> <p>b) Proportion of carers of patients with lung cancer who have a care plan</p> <p>Numerator – The number of carers of patients with lung cancer who have a care plan</p> <p>Denominator - The number of carers of patients with lung cancer</p> <p>c) Proportion of carers of patients with lung cancer who receive tailored support and interventions</p> <p>Numerator – The number of carers of patients with lung cancer who receive tailored support and interventions</p> <p>Denominator - The number of carers of patients with lung cancer</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service providers ensure that systems are in place for carers of patients with lung cancer to be offered an assessment of their emotional, psychological and social needs and, if accepted, receive tailored support and interventions identified by a care plan to address those needs</p> <p>Healthcare professionals ensure carers of patients with lung cancer are offered an assessment of their emotional, psychological and social needs and, if accepted, receive tailored support and interventions identified by a care plan to address those needs</p> <p>Commissioners ensure that they commission services which offer all carers of patients with lung cancer an assessment of their emotional, psychological and social needs and, if accepted, provide them with tailored support and interventions identified by a care plan to address those needs</p> <p>Carers of patients with lung cancer receive an assessment of their emotional, psychological and social needs and, if accepted, provide them with tailored support and interventions identified by a care plan to address those needs</p>

Definitions	The NICE guideline on <i>'Improving Supportive and Palliative Care for Adults with Cancer'</i> includes guidance on services for families and carers, including bereavement care pg. 155 available at http://www.nice.org.uk/CSGSP
Data source	Local data collection

Quality statement 12

Quality statement	The diagnostic and staging pathway is planned at the earliest possible time within the referral pathway to allow timely access to diagnostics. This pathway is designed to allow the safest and most informative diagnosis, including the type and extent of the cancer, with the fewest tests
Quality measure	<p>Structure Evidence that the MDT or diagnostic MDT plans a diagnostic and staging pathway for all patients at the earliest possible time to allow the safest and most informative diagnosis, including the type and extent of the cancer, with the fewest tests</p> <p>Process Proportion of patients with suspected lung cancer who have their diagnostic and staging pathway planned at the earliest possible time to allow the safest and most informative diagnosis, including the type and extent of the cancer, with the fewest tests</p> <p>Numerator - The number of patients with suspected lung cancer who have their diagnostic and staging pathway planned at the earliest possible time to allow the safest and most informative diagnosis, including the type and extent of the cancer, with the fewest tests</p> <p>Denominator – The number of patients who undergo diagnostic testing for suspected lung cancer</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that there are systems in place to ensure that the most complete diagnosis possible is provided at the appropriate time to inform the MDT discussion and decision making process</p> <p>Healthcare professionals and laboratory support staff ensure that the most complete diagnosis possible is provided at the appropriate time to inform the MDT discussion and decision making process</p> <p>Commissioners ensure that there are adequate services and resources in place to ensure that the most complete diagnosis possible is provided at the appropriate time to inform the MDT discussion and decision making process</p> <p>Patients can expect to receive the most complete diagnosis possible provided at the appropriate time to inform the MDT discussion and decision making process and carried out with the fewest number of tests</p>

Definitions	Guidance on the optimum diagnostic and staging pathway is set out in NICE Lung Cancer Clinical Guideline 121 (2011)
Data source	Local data collection for peer review process and for submission to the National Lung Cancer audit

Quality statement 13

Quality statement	Every patient with localised lung cancer is reviewed by a surgeon with a true thoracic interest who is able to perform the full range of surgical techniques. A defined process is in place for a second opinion on operability
Quality measure	<p>Structure</p> <p>a) Evidence that every patient with localised disease is reviewed by a surgeon with a true thoracic interest who is able to perform the full range of surgical techniques</p> <p>b) Evidence that a process is in place for all patients with lung cancer to receive a second opinion on operability</p> <p>Process</p> <p>a) Proportion of patients with localised disease who are reviewed by a surgeon with a true thoracic interest who is able to perform the full range of surgical techniques</p> <p>Numerator– The number of patients with localised disease who are reviewed by a surgeon with a true thoracic interest who is able to perform the full range of surgical techniques</p> <p>Denominator – The number of patients with localised lung cancer</p> <p>b) Proportion of patients with localised disease who receive a second opinion on operability</p> <p>Numerator– The number of patients with localised lung cancer who receive a second opinion on operability</p> <p>Denominator– The number of patients with localised lung cancer</p> <p>Denominator – The number of patients with potential resectable disease not offered surgery</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place so that all patients with localised lung cancer are reviewed by a surgeon with a true thoracic interest who is able to perform the full range of surgical techniques, and that a defined process is in place for patients to receive a second opinion on operability</p> <p>Healthcare professionals ensure that all patients with localised lung cancer are</p>

	<p>reviewed by a surgeon with a true thoracic interest who is able to perform the full range of surgical techniques, and patients receive a second opinion on operability</p> <p>Commissioners ensure that they commission services that ensure all patients with localised lung cancer are reviewed by a surgeon with a true thoracic interest who is able to perform the full range of surgical techniques, and which offer patients a second opinion on operability</p> <p>Patients with localised lung cancer are reviewed by a surgeon with a true thoracic interest who is able to perform the full range of surgical techniques, and have access to a second opinion on operability</p>
Definitions	<p>Definitions of 'specialism' vary between professional groups and in most there is no formal certification of expertise in any thoracic oncology speciality as such</p> <p>We consider a surgeon to have a true thoracic interest when they complete a minimum one full day's thoracic operating per week; a minimum of one fully functional lung MDT with all members represented; and minimum one thoracic clinic where lung cancer nurse specialists are in attendance</p>
Data source	Local data collection and Society of Cardiothoracic Surgeons Audit

Quality statement 14

Quality statement	Every patient with lung cancer has access to optimal radiotherapy techniques including those patients who are deemed unsuitable for surgery
Quality measure	<p>Structure Evidence that all patients with lung cancer have access to optimal radiotherapy techniques, including those who are deemed unsuitable for surgery</p> <p>Process</p> <p>a) Numerator – The number of patients with lung cancer who have access to optimal radiotherapy techniques</p> <p>Denominator – The number of patients with lung cancer</p> <p>b) Numerator – The number of patients with lung cancer deemed unsuitable for surgery who have access to optimal radiotherapy techniques</p> <p>Denominator – The number of patients with lung cancer deemed unsuitable for surgery</p>
Description of what the quality statement	Service providers ensure systems are in place for all patients with lung cancer to have access to optimal radiotherapy techniques, including those who are deemed unsuitable for surgery

means for each audience	<p>Healthcare professionals ensure all patients with lung cancer are offered optimal radiotherapy techniques, including those who are deemed unsuitable for surgery</p> <p>Commissioners ensure that they commission services which offer all patients with lung cancer optimal radiotherapy techniques where suitable, including those who are deemed unsuitable for surgery</p> <p>Patients with lung cancer receive optimal radiotherapy techniques where suitable, including those who are deemed unsuitable for surgery</p>
Definitions	Optimal radiotherapy techniques include where appropriate 3D and 4D treatment planning with, if necessary, intravenous contrast. On treatment imaging should be available for all patients receiving radical radiotherapy. Radiotherapy centres without these facilities should establish a pathway to refer patients, who might benefit from these techniques, to centres that do
Data source	<p>Local data collection</p> <p>The National Lung Cancer Audit contains data on the percentage of patients who receive radiotherapy and detailed data on radiotherapy is now available using the National Radiotherapy Dataset, overseen by the National Cancer Intelligence Network (NCIN)</p>

Quality statement 15

Quality statement	All patients with advanced (stage IIIB/IV) NSCLC of good performance status (PS 0/1) are considered for systemic therapy. All treatments recommended in NICE technology appraisals are available. All suitable patients have access to second line treatment and maintenance
Quality measure	<p>Structure</p> <p>a) Evidence that all patients with advanced (stage IIIB/IV) NSCLC of good performance status (PS 0/1) are considered for systemic therapy</p> <p>b) Evidence that patients with lung cancer have access to all treatment recommended in NICE technology appraisals</p> <p>c) Evidence that all suitable patients have access to second line treatment and maintenance</p> <p>Process</p> <p>a) Proportion of patients with advanced (stage IIIB/IV) NSCLC of good performance status (PS 0/1) who are considered for systemic therapy Numerator - The patients with advanced (stage IIIB/IV) NSCLC of good performance status (PS 0/1) who are considered for systemic therapy Denominator – The number of patients with patients with advanced (stage IIIB/IV) NSCLC of good performance status (PS 0/1)</p>

	<p>b) Percentage uptake of NICE recommended treatments for lung cancer</p> <p>Numerator – Number of prescriptions for NICE recommended treatments for lung cancer</p> <p>Denominator – Projected number of prescriptions for NICE recommended treatments for lung cancer</p> <p>c) Proportion of patients with lung cancer who have access to second line treatment and maintenance</p> <p>Numerator - The number of patients with lung cancer who have access to second line treatment and maintenance</p> <p>Denominator – The number of patients with lung cancer</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service providers ensure systems are in place for patients with advanced (stage IIIB/IV) NSCLC of good performance status (PS 0/1) to be considered for systemic therapy. They ensure that all treatments recommended by NICE technology appraisals are available and that all patients with lung cancer have access to second line treatment and maintenance</p> <p>Healthcare professionals ensure they consider all patients with advanced (stage IIIB/IV) NSCLC of good performance status (PS 0/1) for systemic therapy; that offer patients access to all suitable treatment recommended by NICE technology appraisals; and ensure patients are offered second line treatment and maintenance where appropriate</p> <p>Commissioners ensure that they commission services which consider all patients with advanced (stage IIIB/IV) NSCLC of good performance status (PS 0/1)for systemic therapy; offer patients access to all suitable treatment recommended by NICE technology appraisals; and ensure patients are offered second line treatment and maintenance where appropriate</p> <p>Patients with advanced (stage IIIB/IV) NSCLC of good performance status (PS 0/1)are considered for systemic therapy</p> <p>Patients with lung cancer have access to the full range of treatment recommended in NICE technology appraisals and are offered second line treatment and maintenance where appropriate</p>
<p>Definitions</p>	<p>The following NICE Single Technology Assessments and guidance are relevant here:</p> <ul style="list-style-type: none"> - Docetaxel, Paclitaxel, Gemcitabine and Vinorelbine for first line treatment of advanced non-small cell lung cancer. (TA 26, replaced in 2011 by CG24) - Pemetrexed as first line in non-squamous carcinomas (TA181) - Gefitinib as first line in EGFR positive patients (TA192) - Erlotinib as second line treatment in advanced NSCLC (TA 162) - Pemetrexed as maintenance chemotherapy (TA 190)

Data source	Local audit data The National Lung Cancer Audit includes data on the percentage of patients with PS0-1, Stage IIIB or IV NSCLC having chemotherapy and the percentage patients with small cell lung cancer receiving chemotherapy

Quality statement 16

Quality statement	All surgical patients with stage II or above are referred for an oncological opinion for adjuvant chemotherapy
Quality measure	<p>Structure Evidence that all patients with stage II lung cancer or above are referred for an oncological opinion for adjuvant chemotherapy</p> <p>Process Proportion of patients with stage II lung cancer or above who are referred for an oncological opinion for adjuvant chemotherapy</p> <p>Numerator - Number of patients with stage II lung cancer or above who are referred for an oncological opinion for adjuvant chemotherapy</p> <p>Denominator – Number of patients with stage II lung cancer or above</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place for all patients with stage II lung cancer or above to be referred for an oncological opinion for adjuvant chemotherapy</p> <p>Healthcare professionals all patients with stage II lung cancer or above are referred for an oncological opinion for adjuvant chemotherapy</p> <p>Commissioners ensure that they commission services which offer all patients with stage II lung cancer or above an oncological opinion for adjuvant chemotherapy</p> <p>Patients with stage II lung cancer or above are referred for an oncological opinion for adjuvant chemotherapy</p>
Definitions	
Data source	Local audit data The National Lung Cancer Audit includes data on the percentage of patients with PS0-1, Stage IIIB or IV NSCLC having chemotherapy and the percentage patients with small cell lung cancer receiving chemotherapy

Quality statement 17

Quality statement	Patients with small cell lung cancer are treated within 2 weeks of the date of their tissue diagnosis
Quality measure	<p>Structure Evidence that patients with small cell lung cancer are treated within 2 weeks of the date of their tissue diagnosis</p> <p>Process Proportion of patients with small cell lung cancer who are treated within 2 weeks of the date of their tissue diagnosis</p> <p>Numerator – Number of patients with small cell lung cancer who are treated within 2 weeks of the date of their tissue diagnosis</p> <p>Denominator – Number of patients with small cell lung cancer</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place for patients with small cell lung cancer to be treated within 2 weeks of the date of their tissue diagnosis</p> <p>Healthcare professionals ensure that patients with small cell lung cancer are treated within 2 weeks of the date of their tissue diagnosis</p> <p>Commissioners ensure that they commission services which treat patients with small cell lung cancer within 2 weeks of the date of their tissue diagnosis</p> <p>Patients small cell lung cancer begin treatment within 2 weeks of the date of their tissue diagnosis</p>
Definitions	NICE Lung Cancer Clinical Guidelines 24 (2005, updated 2011) states: <i>“Arrange for patients with small-cell lung cancer (SCLC) to have an assessment by a thoracic oncologist within 1 week of deciding to recommend treatment.”</i>
Data source	Local data collection

Quality statement 18

Quality statement	Patients with lung cancer have access to specialist palliative interventions, including stent and laser
Quality measure	<p>Structure Evidence that patients with lung cancer have access to specialist palliative interventions, including stent and laser</p> <p>Process Proportion of patients with lung cancer who receive specialist palliative interventions</p> <p>Numerator – Number of patients with lung cancer who receive specialist</p>

	<p>palliative interventions</p> <p>Denominator – Number of patients with lung cancer</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place to offer patients with lung cancer access to specialist palliative interventions, including stenting and laser</p> <p>Healthcare professionals ensure that patients with lung cancer are offered access to specialist palliative interventions, including stenting and laser</p> <p>Commissioners ensure that they commission services which offer patients with lung cancer access to specialist palliative interventions, including stent and laser</p> <p>Patients with lung cancer have access to specialist palliative interventions, including stenting and laser</p>
Definitions	<p>NICE Lung Cancer Clinical Guidelines 24 (2005, updated 2011) recommends that <i>“Patients who cannot be offered curative treatment, and are candidates for palliative radiotherapy, may either be observed until symptoms arise and then treated, or be treated with palliative radiotherapy immediately.”</i></p> <p>NICE Lung Cancer Clinical Guideline 121 (2011) recommends to <i>“Offer external beam radiotherapy and/or endobronchial debulking or stenting to patients with impending endobronchial obstruction.”</i></p>
Data source	Local data collection

Quality statement 19

Quality statement	Every patient has the opportunity to enrol into appropriate clinical trials at all stages of their patient pathway
Quality measure	<p>Structure Evidence that patients have the opportunity to enrol into appropriate clinical trials at all stages of their patient pathway</p> <p>Process Proportion of patients with lung cancer who are enrolled into clinical trials</p> <p>Numerator - Number of patients with lung cancer who are enrolled into clinical trials</p> <p>Denominator – Number of patients with lung cancer</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place for patients to be offered the opportunity to enrol into appropriate clinical trials at all stages of their patient pathway</p> <p>Healthcare professionals ensure that they offer patients the opportunity to</p>

	<p>enrol into appropriate clinical trials at all stages of their patient pathway</p> <p>Commissioners ensure that they commission services which offer patients the opportunity to enrol into appropriate clinical trials at all stages of their patient pathway</p> <p>Patients are offered the opportunity to enrol into appropriate clinical trials at all stages of their patient pathway</p>
Definitions	
Data source	Local data collection

Quality statement 20

Quality statement	All patients with lung cancer receive a 'stock-take' appointment following the completion of their treatment
Quality measure	<p>Structure Evidence that patients with lung cancer receive a stock-take appointment following the completion of their treatment</p> <p>Process Proportion of patients with lung cancer receive a stock-take appointment following the completion of their treatment</p> <p>Numerator - The number of patients with lung cancer who receive a stock-take appointment following the completion of their treatment</p> <p>Denominator – The number of patients with lung cancer completing treatment</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place for patients with lung cancer to receive a stock-take appointment following the completion of their treatment</p> <p>Healthcare professionals ensure that patients with lung cancer are given a stock-take appointment following the completion of their treatment</p> <p>Commissioners ensure that they commission services which offer patients with lung cancer a stock-take appointment following the completion of their treatment</p> <p>Patients with lung cancer receive a stock-take appointment following the completion of their treatment</p>
Definitions	NICE Lung Cancer Clinical Guidelines 121 (2011) recommends to <i>“Offer all patients an initial specialist follow-up appointment within 6 weeks of completing treatment to discuss ongoing care. Offer regular appointments thereafter, rather than relying on patients requesting appointments when they experience symptoms.”</i>

Data source	Local data collection