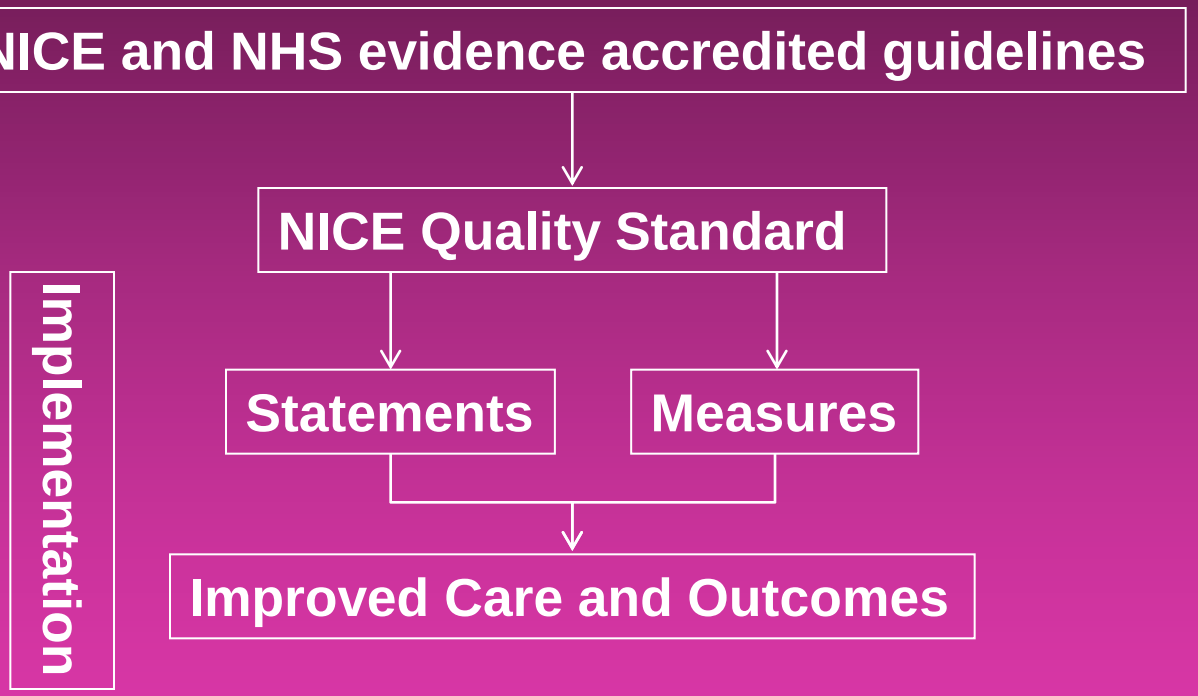
# Implementation of NICE Guidelines and the Quality Standard in Lung Cancer

**David Baldwin**
**Consultant Respiratory Physician**
**Nottingham University Hospitals**
**Hon. Professor, University of Nottingham**
**NICE Fellow**

# Introduction

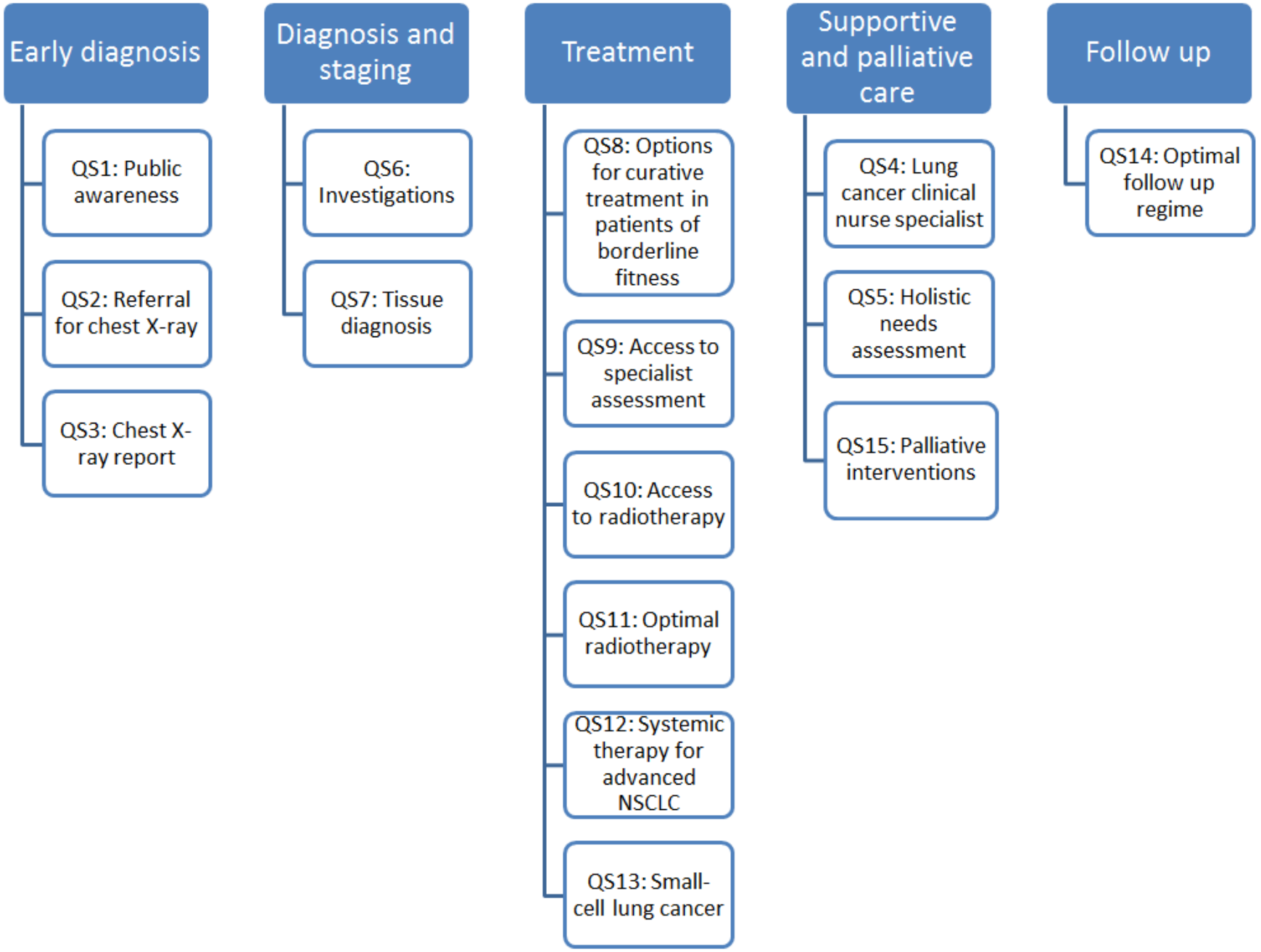
- Overview of implementation
- Review of NICE implementation tools
- National, regional and local considerations
- Pragmatic approach – how can we help?

# Improving Quality and Outcomes

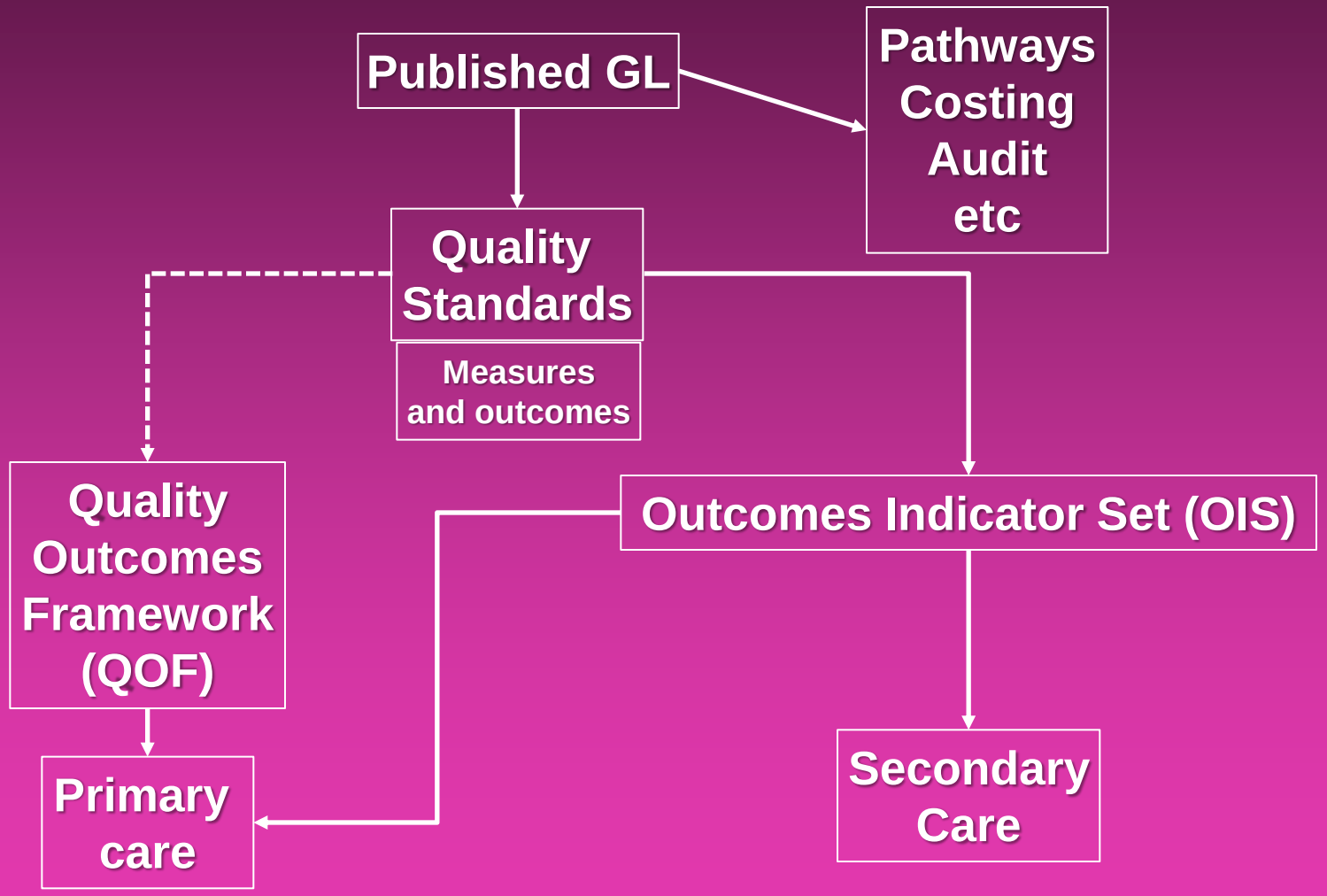


# Quality Statements, Measures and Outcomes

- **1. People are made aware of the symptoms and signs of lung cancer through local coordinated public awareness campaigns that result in early presentation.**
  - **Structure**
    - **Evidence of local arrangements to ensure that people are made aware of the symptoms and signs of lung cancer through local coordinated public awareness campaigns that result in early presentation.**
  - **Process**
    - **Proportion of people newly diagnosed with lung cancer who were identified as a result of a local public awareness campaign.**
  - **Outcome**
    - **a) emergency admissions**
    - **b) 3-month and 1-year survival**
    - **c) Public awareness of symptoms and signs of lung cancer.**
    - **d) Stage at diagnosis.**


Early diagnosis
QS1: Public awareness
QS2: Referral for chest X-ray
QS3: Chest X-ray report
Diagnosis and staging
QS6: Investigations
QS7: Tissue diagnosis
Treatment
QS8: Options for curative treatment in patients of borderline fitness
QS9: Access to specialist assessment
QS10: Access to radiotherapy
QS11: Optimal radiotherapy
QS12: Systemic therapy for advanced NSCLC
QS13: Small-cell lung cancer
Supportive and palliative care
QS4: Lung cancer clinical nurse specialist
QS5: Holistic needs assessment
QS15: Palliative interventions
Follow up
QS14: Optimal follow up regime

# Drivers to Implementation



# Elements of Implementation

- Guidance based on evidence
- Costing
- Funding
- Education
- Behaviour change
- Sustainability
- Evaluation

# NICE Implementation Tools

- Quality Standard
- Baseline assessment tool Baseline assess.xls
- Clinical audit tool GC 121 audit
- Peer Review Manual for Cancer Services
- Costing report
- Costing Template
- Slide set
- Commissioners Guide to End of Life Care

# Resource Implications

- NICE estimate cost of implementation of GL and QS
- Will vary according to local practice

National Institute for Health and Clinical Excellence

# Implementation Programme

# NICE support for commissioners and others using the quality standard on lung cancer

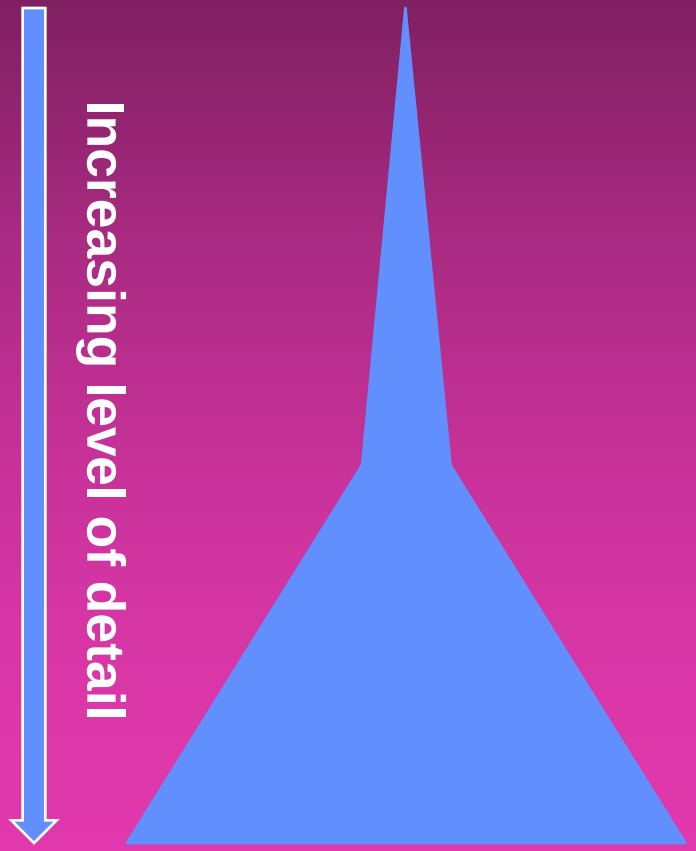
March 2012

| Area of care | Intervention/Activity | National estimated resource impact | Local estimated resource impact (per 100,000 population)[a] |
|---|---|---|---|
| Early diagnosis | Awareness campaigns – may incur cost for media promotion, production of materials and design | No additional resource assumed as national campaign in place. | Local estimation needed. |
| | X-rays – potential increased cost (from increase in referrals) | Variable. Cannot be estimated nationally | Local estimation needed. £29 unit cost[b]. |
| Diagnosis and staging | Increased staging tests. | Variable. Cannot be estimated nationally | Local estimation needed |
| | Histopathology to increase histological confirmation of diagnosis – increased cost | Around £1.17 million (4500 extra samples) | Around £2340 (9 extra samples) |
| | Tests or diagnostics not taking place unnecessarily – offset cost | Potential saving. Cannot be estimated nationally | Potential saving. Local estimation needed |

| | | | |
|---|---|---|---|
| Treatment | Increased surgery costs for surgical resections. | £10 million (1600 extra resections) | Around £18,000 (3 extra procedures) |
| | Time multidisciplinary team members would have spent working in other areas – opportunity cost | Variable. Cannot be estimated nationally | Local estimation needed |
| | Radiotherapy – increased costs | Around £3.5 million (1600 more interventions) | Around £6500 (3 more patients) |
| | Chemotherapy – increased costs | Around £6.9 million (660 more interventions) | Around £10,500 (1 more intervention) |
| | Innovation payments to support the use of technology to facilitate better use of multidisciplinary teams | Variable. Cannot be estimated nationally | Local estimation needed |

# Education

# Detail – one size does not fit all




Government

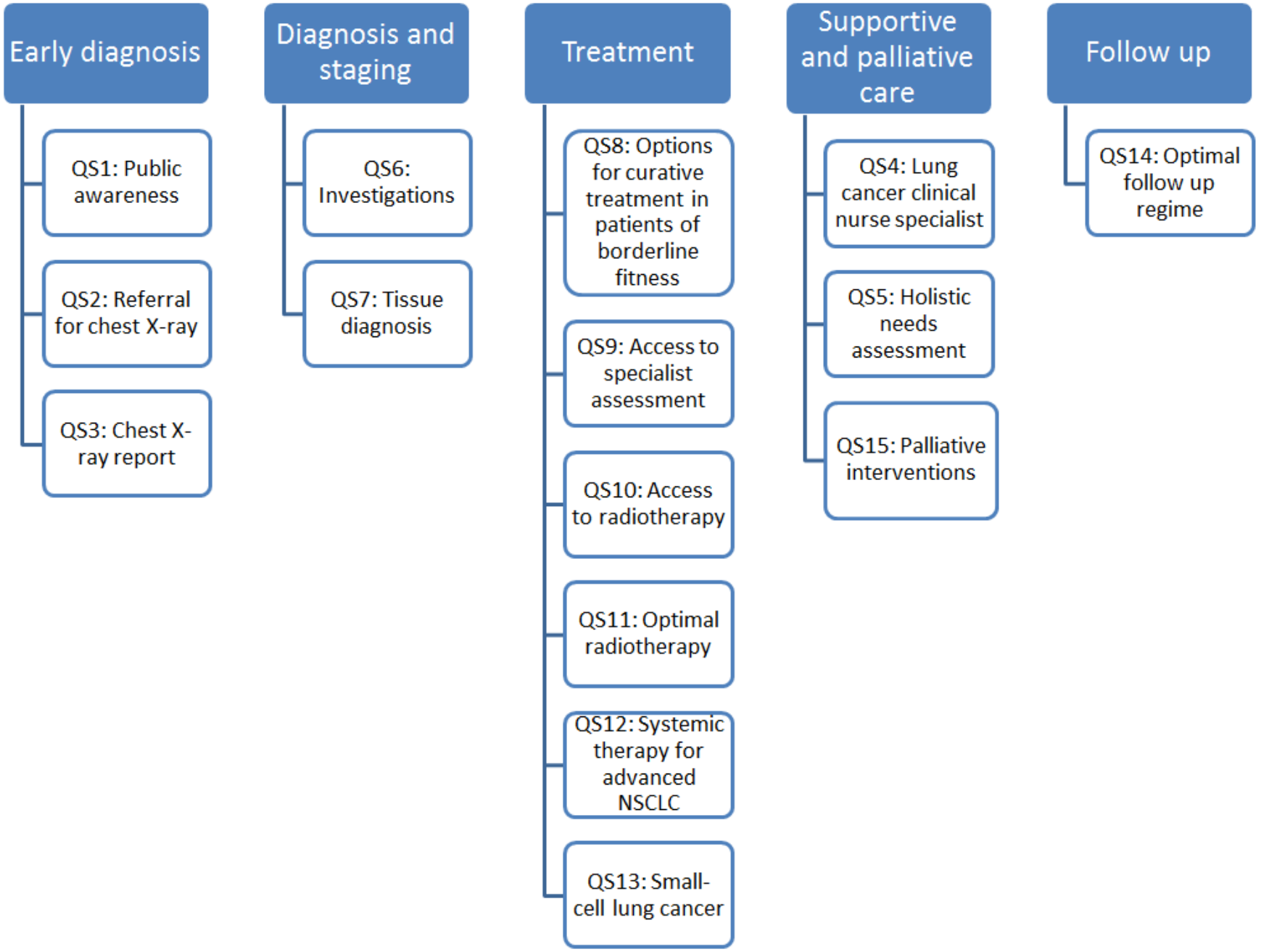
Primary care

Network

NCAT

Centre MDT

Unit MDT


Early diagnosis
QS1: Public awareness
QS2: Referral for chest X-ray
QS3: Chest X-ray report
Diagnosis and staging
QS6: Investigations
QS7: Tissue diagnosis
Treatment
QS8: Options for curative treatment in patients of borderline fitness
QS9: Access to specialist assessment
QS10: Access to radiotherapy
QS11: Optimal radiotherapy
QS12: Systemic therapy for advanced NSCLC
QS13: Small-cell lung cancer
Supportive and palliative care
QS4: Lung cancer clinical nurse specialist
QS5: Holistic needs assessment
QS15: Palliative interventions
Follow up
QS14: Optimal follow up regime

# Pragmatics

- Leads need to sign up to priorities
- Support:
  - Time to educate and encourage
  - Time to develop relationships and trust
- Time for message to be understood
- Reach a point where the GL and QS are the standard of care

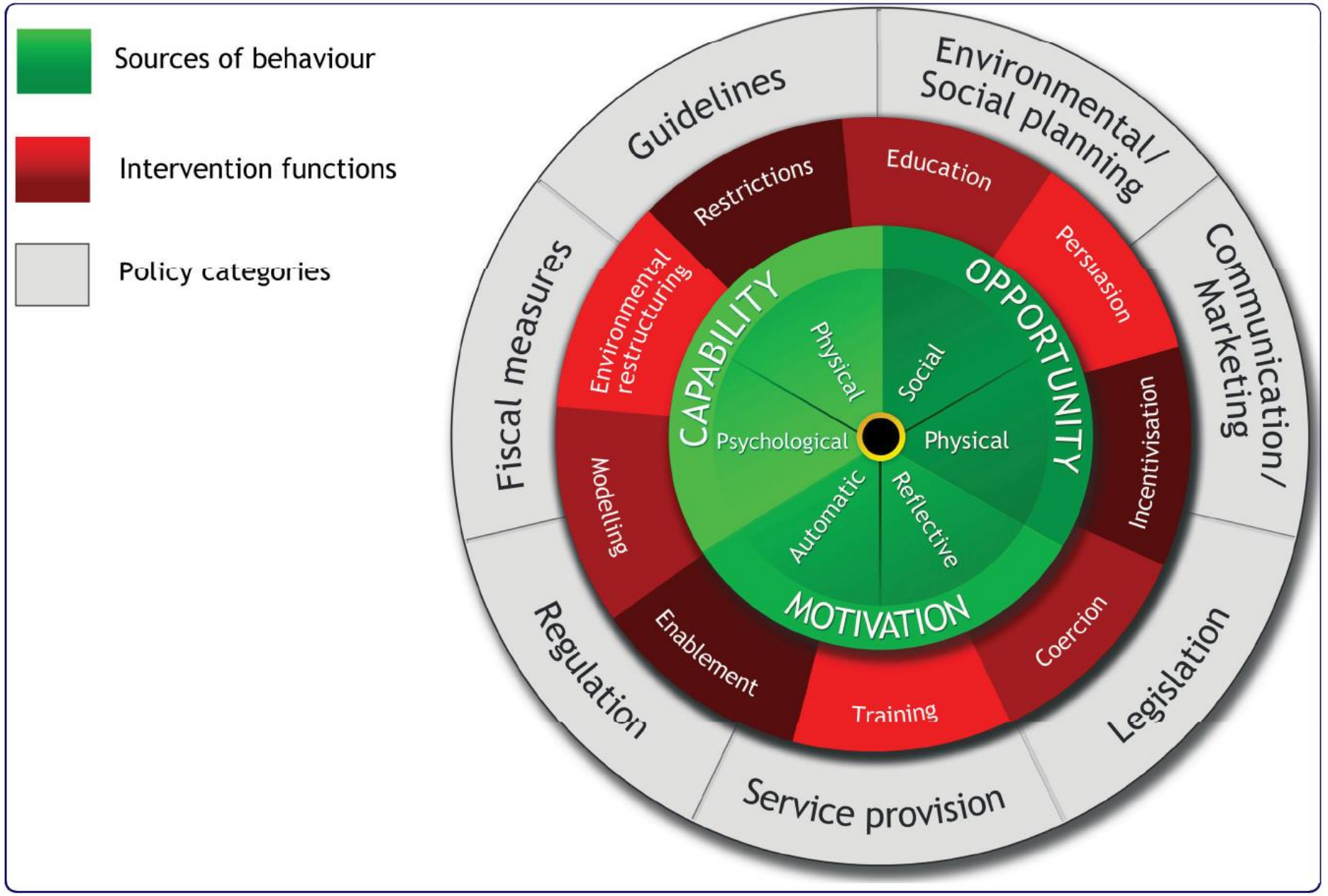
# How?
# Primary care and commissioning

- Piles of paper
  - GL, QS, OIS
- Regional /Network meetings
- Clinical Senates
- Local Area Teams
- Meet with GP leads on CCG
- Meet / talks for GPs

# How?
# Secondary care

- Peer review measures that reflect GL and QS
- Regular network meetings
- Encourage leads in research and service
  - Work according to GL
  - Educate colleagues
  - Maintain high profile for lung cancer
  - Encourage trainees into the subspecialty

# Behaviour Change




Michie et al. Implementation Science 2011;6:42

# Sustainability and Evaluation

- Reminders  of key priorities
- Measures, results regularly updated
- Promote things that work
- Adequate forward planning (resources)

# Conclusion

- Implementation is essential to improve outcomes
- A lot of material available
- Drivers are important, but prioritised
- Critically dependent on involvement of enthusiastic clinicians and non clinicians