Key areas of improvement
• Reduced delays relating to chest X-ray referral and reporting times
• Shorten the time to diagnosis, thus enabling rapid progression to treatment
• Potential avoidance of emergency admission
• Improve one year and overall survival
• Improved patient experience and earlier involvement of lung cancer nurse specialists

Approach
Based on the framework of NOLCP and a gap analysis exercise, two partner Trusts – St George’s University Hospitals NHS Foundation Trust and London Northwest University Healthcare NHS Trust – were identified to deliver the first wave of implementation, with the long term plan to roll out across RM Partners.

From the first wave, a portfolio of ‘how to’ processes will be built across each stage of the pathway that will enable care to happen quickly, providing communications with patients that are effective and helpful. The plan would be to utilise this portfolio for NOLCP implementation across RM Partners and share with other Cancer Alliances to move towards reduction of variation of lung cancer care.

NOLCP workforce model
For the first wave sites, additional capacity for radiology and respiratory clinical teams was put in place, and to improve patient experience we have put in place NOLCP navigator/support workers and lung NOLCP clinical nurse specialists.

Achievements to date
Both sites started the NOLCP pathway in January 2018, with patients identified and tracked through their pathway from abnormal CXR/CT through to the NOLCP pathway.

A new urgent chest X-ray referral form and patient information leaflet about CXR has been distributed to GPs in Wandsworth CCG. Further work will take place to roll out across relevant CCGs within the first wave sites before March 2018. Patient information was reviewed and signed off by RM Partners Patient Advisory Group.

For more information
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Comparison of conventional and NOLCP pathway