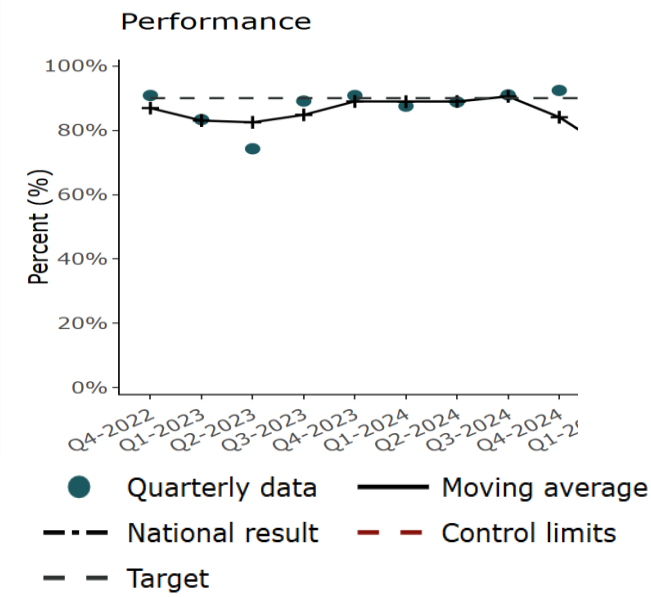
Improving Access to LCNS Care

National Lung Cancer Audit Quality Improvement Initiative

Case Study: Northumbria Healthcare NHS Foundation Trust



Proportion of lung cancer patients seen by a lung cancer nurse specialist (LCNS) (among all patients) at Northumbria Healthcare NHS Foundation Trust

The challenge

Northumbria identified several barriers to ensuring all patients with lung cancer were seen by a Lung Cancer Nurse Specialist (LCNS):

- Insufficient LCNS workforce to cover:
  - Target clinics
  - Oncology clinics
  - Emergency department and inpatient wards
- Increasing demand, including from lung cancer screening programmes
- Fragmented service across multiple sites with inconsistent ways of working
- Limited career progression and role development for existing staff
- Challenges in consistently recording LCNS contact in datasets

These pressures risked limiting patient access to LCNS support and affecting data completeness.

What they did

Northumbria implemented a whole-service redesign and workforce expansion, supported by a formal business case.

1. Expanding and restructuring the LCNS workforce

- Investment in new and upskilled roles:
  - Band 7 Senior LCNS posts
  - Additional Band 6 LCNS capacity
- Development of advanced practice roles including:
  - Prescribing
  - Clinical assessment
- Creation of clearer leadership and site-based responsibilities

This improved workforce capacity and created opportunities for progression and retention.

2. Introducing new models of care

Several innovative LCNS-led services were introduced:

- **Rapid Access Triage Clinics**
  - Nurse-led telephone clinics for new referrals
  - Early history-taking and diagnostic planning
- **Lung Cancer Virtual Ward**
  - Community-based management of complex patients
  - Admission avoidance and post-discharge support
- **Surveillance and follow-up pathways**
  - Structured LCNS-led follow-up for growing patient cohorts

These changes allowed earlier patient contact and more consistent LCNS involvement across the pathway.

3. Integrating LCNS across the pathway

- LCNS embedded in:
  - Emergency department and inpatient care
  - Diagnostic and biopsy pathways
  - Target and oncology clinics
- Increased attendance at key patient appointments (aiming for ~98%)
- Co-location of teams to standardise practice

This ensured LCNS involvement at multiple points in the patient journey.

4. Strengthening data recording

- Improved processes for documenting LCNS contact
- Greater focus on COSD data completeness
- Alignment between clinical activity and data capture

Impact

Following these changes, Northumbria demonstrated:

- Significant improvement in the proportion of patients recorded as having seen an LCNS
- Improved data completeness for LCNS contact
- Enhanced patient experience, with earlier and more consistent specialist support
- Improved pathway efficiency, including earlier diagnostics and reduced delays

Key learning points:

- **Workforce planning is essential** to improve LCNS access at scale
- **Service redesign (not just staffing increases)** drives meaningful change
- **Early pathway involvement (triage clinics)** is a high-impact intervention
- **Integration across sites and services** reduces variation in care
- **Data quality improvement must run alongside clinical change**