

Bladder Cancer

Bladder Cancer Audit Process / Resources

June 2025

Bladder Cancer Audit

It is a retrospective routes to diagnosis audit for bladder cancer driven by regional data trends that indicates ;

- A reduction in one year survival rates
- High ratio of cancers diagnosed via other routes than USC e.g. emergency presentation and routine GP referral

Plus, clinical challenges/complexities;

- In managing bladder symptoms – UTIs and non- visible haematuria
- Safety netting in the context of non – GP based symptom treatment



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Audit Aims

The aims of the audit are

- To provide GP practices/ PCNs with an opportunity to reflect on referral practice, symptom management and safety netting to secure effective early bladder cancer diagnosis.
- To provide the opportunity to support reflective practice, learning and development,
- To identify improvements /actions that will enhance patient care, timely referral and earlier diagnosis. (At practice and PCN level.)
- To identify where there are /have been challenges in clinical assessment and pathways at practice level. Identify where there are common or recurring challenges across the PCN
- To identify where good practice and primary care processes are in place and share them across the PCN and Alliance
- In respect of bladder cancer symptoms consider the impact of non- GP based symptom management e.g. patients accessing Pharmacy First services



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Submitting PCN Level Summary Findings

Submitting a PCN summary of the main outcomes and findings of the bladder cancer audit, will:

- Help to identify good practice to share across the region
- Support the identification of dominate trends and potential areas for improvement to feed into the regional Urology Pathway Group. i.e. support wider improvement work across the region.

Please note asking PCNs to share a summary of the audit comes is not a performance management activity.

It is aimed at sharing practice and understanding where/if wider improvements may be required across the region.



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Bladder Cancer Audit Process

Key:

GP Practice Level Activity

PCN Level Activity

Step 1

Identify Patient Cases

System Searches Developed
(set to 5yr Timeline)

Where possible audit 10
cases per practice

Step 2

Complete Audit Using Pre- set Audit Template

Use guidance in the audit
introduction.

Identify LEAs

Step 3

Practice Team Reflect on the Audit Outcomes

Discuss LEAs identified

Identify learning points &
improvement actions

Step 4

*Practice Agree Summary of Audit and LEA Outcomes/Learning/Actions

Share outcome summary to
feed into PCN wide - audit
summary report.

Step 5

PCN Creates mechanism /opportunities for practices to Share/Discuss Audit findings.

Step 6

PCN Submits a PCN Level Summary of Audit

Contact PCN Worker for the
survey link to submit PCN
Audit Summary

Key to the above:

*Use the criteria / questions on slide 9 to consistently capture outcomes/learning from the audit

PCN Workers will supply a link to a survey for PCNs to submit their PCN level summary of the main/ common trends, learning, outcomes and actions from the audit. i.e. submit a PCN wide summary not individual practice summaries. Thank you.

Audit Process in More Detail

As with all audits – this process has been developed to support reflective practice, education/learning and the identification of improvement areas. This is not a performance management process.

Practice Activity

1. Identifying Patient Cases / Audit Scope

- Clinical system searches have been developed for the practices to identify patient cases. We would ask everyone to use the pre- developed searches . PCN Worker will provide the searches.
- This is a retrospective audit focused on bladder cancer/ all types of referral routes should be reviewed.
- Given the prevalence of bladder cancer the timeline for the pre-set searches is set at 5 years, so that all practices have the chance to identify a reasonable no. of cases to audit.
- Wherever possible practices should audit 10 cases max.

2. Completing the Audit

- An audit template has been developed for practices to use. Please use this template.
- It is a routes to diagnosis audit; which includes questions around symptom management, safety netting, clinical assessment/interventions/pathway and interventions that are not GP practice based.
- It also asks auditors to identify if a LEA (Learning Event Analysis) is needed / completed
- Good Practice - Identify a clinical lead/or leads responsible for doing the audit.



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Audit Process in More Detail

3. Practices Review Audit Outcomes / Discuss LEAs

- Practice teams should reflect on the outcomes and learning from the audit and LEAs.
- Identify areas of good practice, any pathway and clinical guidance challenges. Identify improvement actions and/or good practice at GP practice level
- Consider where wider systems improvements would be useful and beneficial to feedback to the Northern Cancer Alliance.
- When reflecting on your audit consider current NG12 guidance and any current Trust based clinical assessment and referral guides.

4. Practice Agree Content of Outcomes/Learning/ Actions Summary

- The practice should agree a summary of the findings/ learning from the audit that they are comfortable to share with /across the wider PCN.
- This is not a request to share full details/actual completed audit templates or full details of the LEAs . ***But do pull together a summary of key findings***/learning/reflections/actions to feed into an overall PCN Audit Summary / Report.
- ***See slide 9 for the main headings/ questions to form the practice's audit outcomes summary***



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Audit Process in More Detail

PCN Activity/Responsibility

5. PCNs Developing a PCN Wide Review and Outcomes Summary

- The PCN should support ways and opportunities for the practices to share /discuss their audit outcome summaries.
- Joint reflection has the added advantage of pulling out dominate trends and PCN actions to take forward to improve education, practice processes and patient care . This is a process to support learning and quality improvement not managing performance.
- The PCN should nominate someone to pull together a PCN wide summary of the audit outcomes against the questions/themes provided by the Northern Cancer Alliance team.
- PCN Workers can offer advice on the above.

6. PCN Shares A Summary of the main outcomes of the audit with the Northern Cancer Alliance

- A survey has been developed to support the PCN to report and submit the outcomes of the bladder cancer audits at a PCN level.
- The overarching summary should reflect the dominant trends, findings and improvement actions from across your practices.
- Your PCN Worker will provide the survey link to collate and submit the PCN wide findings/summary.
- The PCN summary uses the same themes and questions as the practice level summary
- If you do not want to use the digital link a paper version is available which will have to be sent to your PCN Worker to upload.



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Audit Outcomes Summary – Key Questions / Themes To Answer

- What were the main learning points from the audit?
- How many patient cases were identified for LEA (Learning Event Analysis)?
- What good practice has been identified?
- Were any pathway challenges identified ? If yes, what were they?
- Were there any clinical guidance issues identified? If yes, what were they?
- Following the audit what actions or improvements were identified within the practice to take forward? (Please list them below).

Please note the same themes are used in the PCN level outcomes summary



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