

# PCN DES Bladder Cancer Toolkit

## 2025/26



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# Toolkit Purpose

The purpose of this Toolkit is to support practices and PCNs to review and consider their own practice and system challenges when managing bladder symptoms and bladder cancer referrals.

It aims to support practice teams to examine where changes can be made to secure the earlier detection of bladder cancers through;

- Reflective practice and the identification of potential improvements, good practice – through audit, group discussion, and LEAs.
- Sharing learning and insights from audit / reflections to support broader pathway/guidance improvements
- Ensuring robust haematuria pathways in place
- Develop appropriate safety netting practices for recurrent UTIs

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# Bladder Cancer - Toolkit

The below are hyperlinks which take you to the specific sections of the Toolkit

- [Section 1: ED Data Trends – National and Regional Picture](#)
- [Section 2 : Supporting Reflective Practice, Quality Improvement /Audit](#)
- [Section 3 : Symptom/Risk Management/ Safety Netting](#)
- [Section4: Higher Risk Groups and Public Symptom Awareness](#)
- [Section 5:Education Resources](#)

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# Introduction

- Approx 10,500 new bladder cancer cases in the UK every year
- 11<sup>th</sup> most common cancer in the UK, accounting for 3% of all new cancer cases
- 9<sup>th</sup> most common cause of cancer death in the UK, accounting for 3% of all cancer deaths
- In females in the UK, bladder cancer is the 17<sup>th</sup> most common cancer, with around 2,800 new cases every year
- In males in the UK, bladder cancer is the 7<sup>th</sup> most common cancer, with around 7,600 new cases every year



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# Introduction

- 49% of bladder cancer cases in the UK are preventable
- 45% of bladder cancer cases in the UK are caused by smoking
- >50% of bladder cancer treatments in NENC are in people in the lowest 2 quintiles for deprivation
- In 2024 more people were diagnosed via routine referral than USC and 25% were diagnosed from an emergency presentation



# Key Messages

- To reduce the number of people diagnosed late to improve outcomes and survival
- Explore opportunities for more timely recognition of bladder cancer in primary care
- To shift people from emergency presentation to a more managed route.
- To better manage and risk stratify those presenting with UTI or other low risk symptoms in primary care
- Improve guideline concordant care and safety netting for women and those who present with recurrent UTI
- Support better signs and symptom awareness, as well as risk factors, within the public to avoid delayed or advanced diagnosis

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# Section 1: Bladder Cancer Trends



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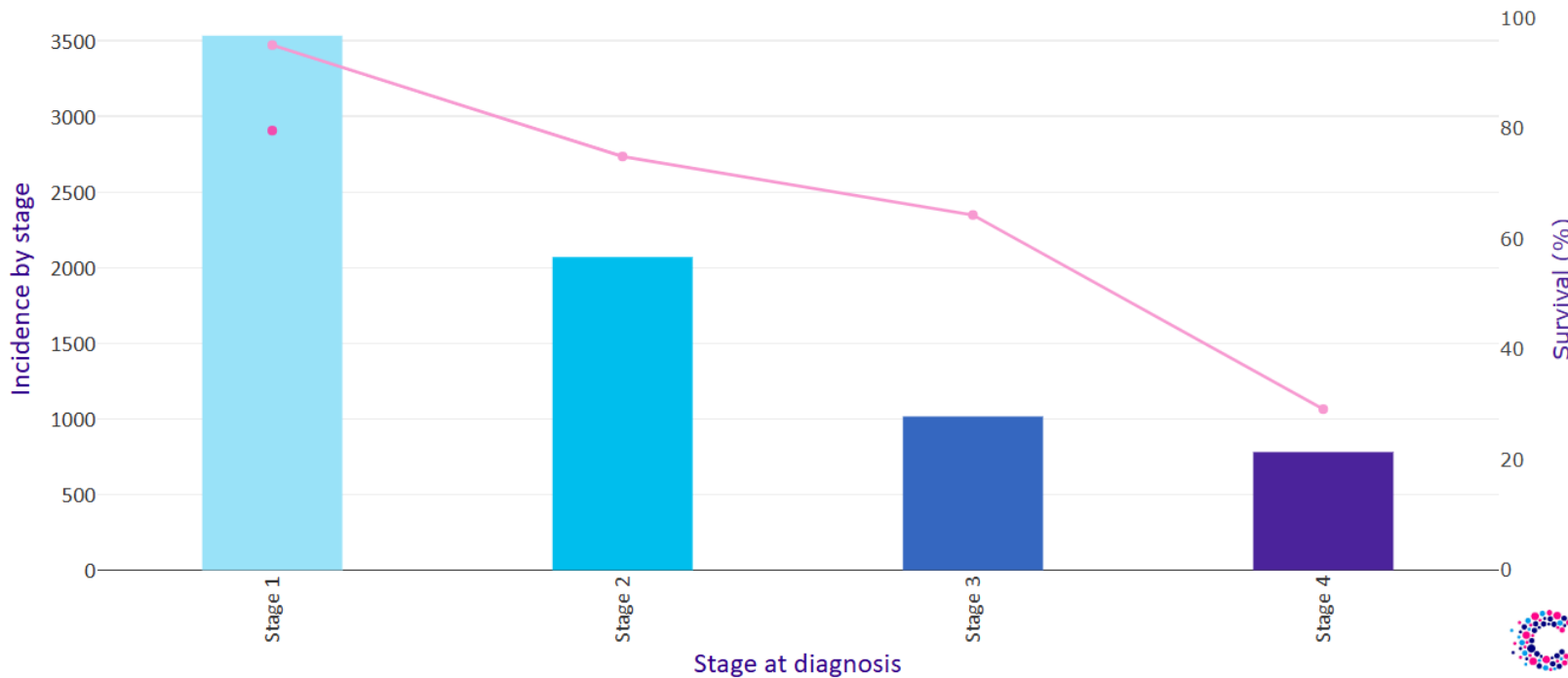
# National Picture

~20% of people diagnosed at stage 3 or 4 in England in 2018.

More recent Rapid Cancer Registration data (RCRD) data from 2024 shows similar trends with around ~18.8% of all bladder cancer cases being diagnosed at a late-stage.

1-year survival if diagnosed at stage 1 is ~95.2% compared to ~29.2% if diagnosed at stage 4

Incidence (2018) and Survival of Cancer Cases by Known Stage at Diagnosis, Bladder cancer, England



— One-year survival — Five-year survival

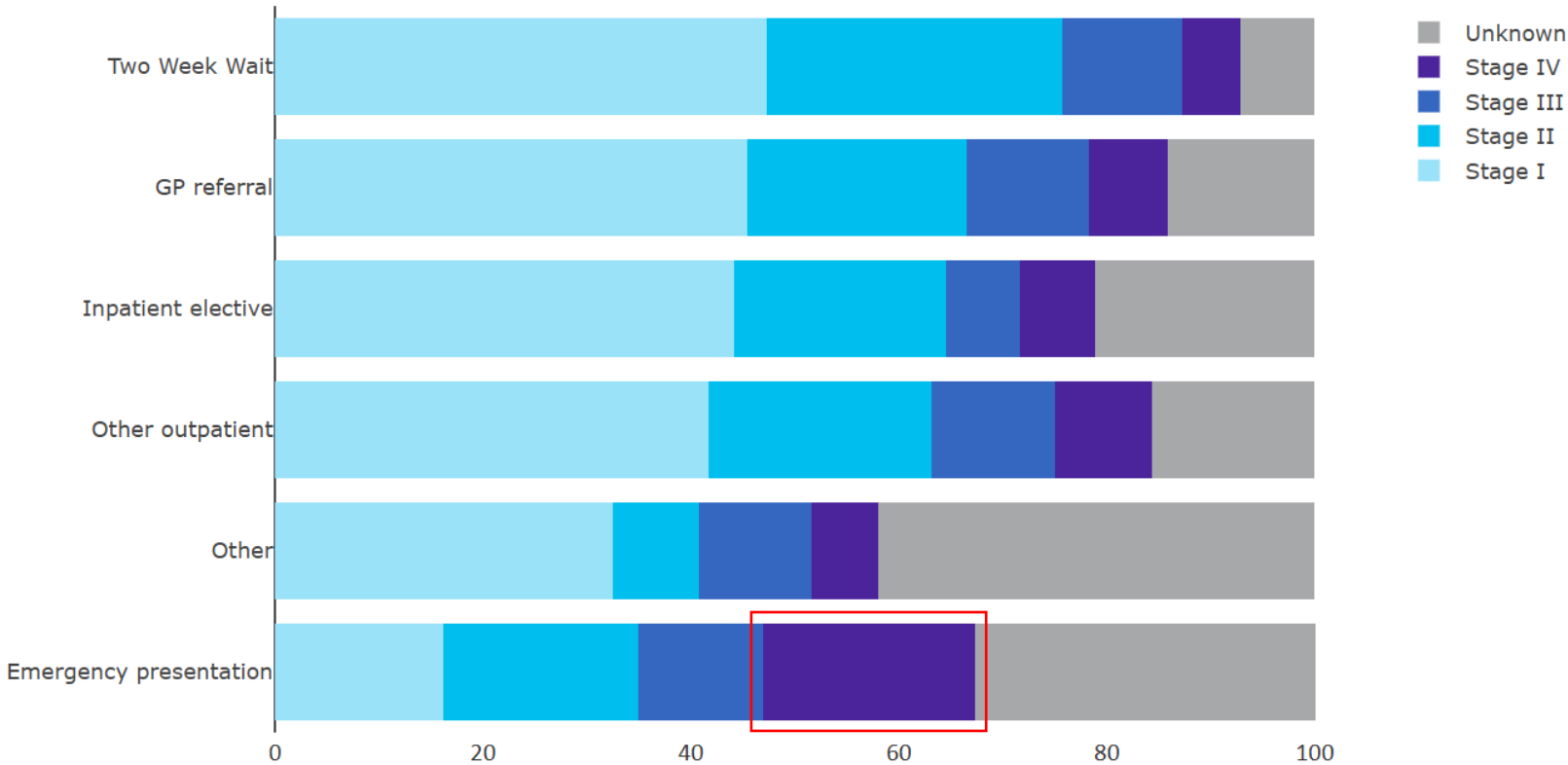
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# National Picture

Proportion of Cancer Cases by Presentation Route and Stage at Diagnosis,  
Bladder, England, 2018



Proportion of Cases by Stage (%)



In 2018, 17.1% of all bladder cancer cases were diagnosed via emergency presentation. RCRD shows a similar proportion.

**39% of these were stage 4**

Emergency presentation is associated with a higher % of later stage diagnosis

Women are also more likely to present via emergency; 23% of women presented via an emergency route in 2018 compared to 15% of men

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# Importance of Early Diagnosis

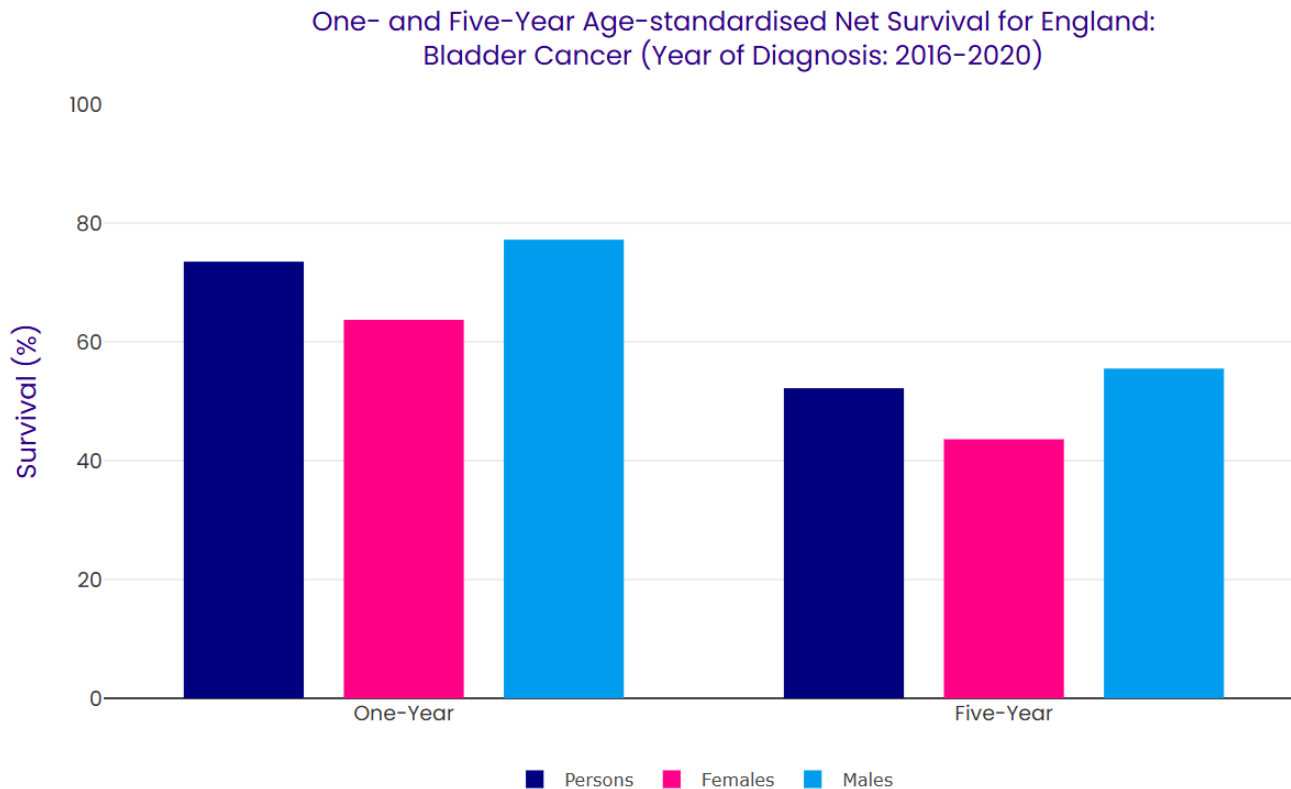
- Earlier stage cancers are more likely to be diagnosed via USC and routine GP referral.
- Delays and missed opportunities for earlier diagnosis for bladder cancer are most often found in primary care before referral.
- There is a need to shift people from emergency presentation to a more managed route; USC referral



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# Health Inequalities - Gender

Bladder cancer one- and five-year survival in England is lower in females than in males  
(2016-2020)



## 1-year survival

77.2% in males

63.7% in females

## 5-year survival

55.5% in males

43.6% in females

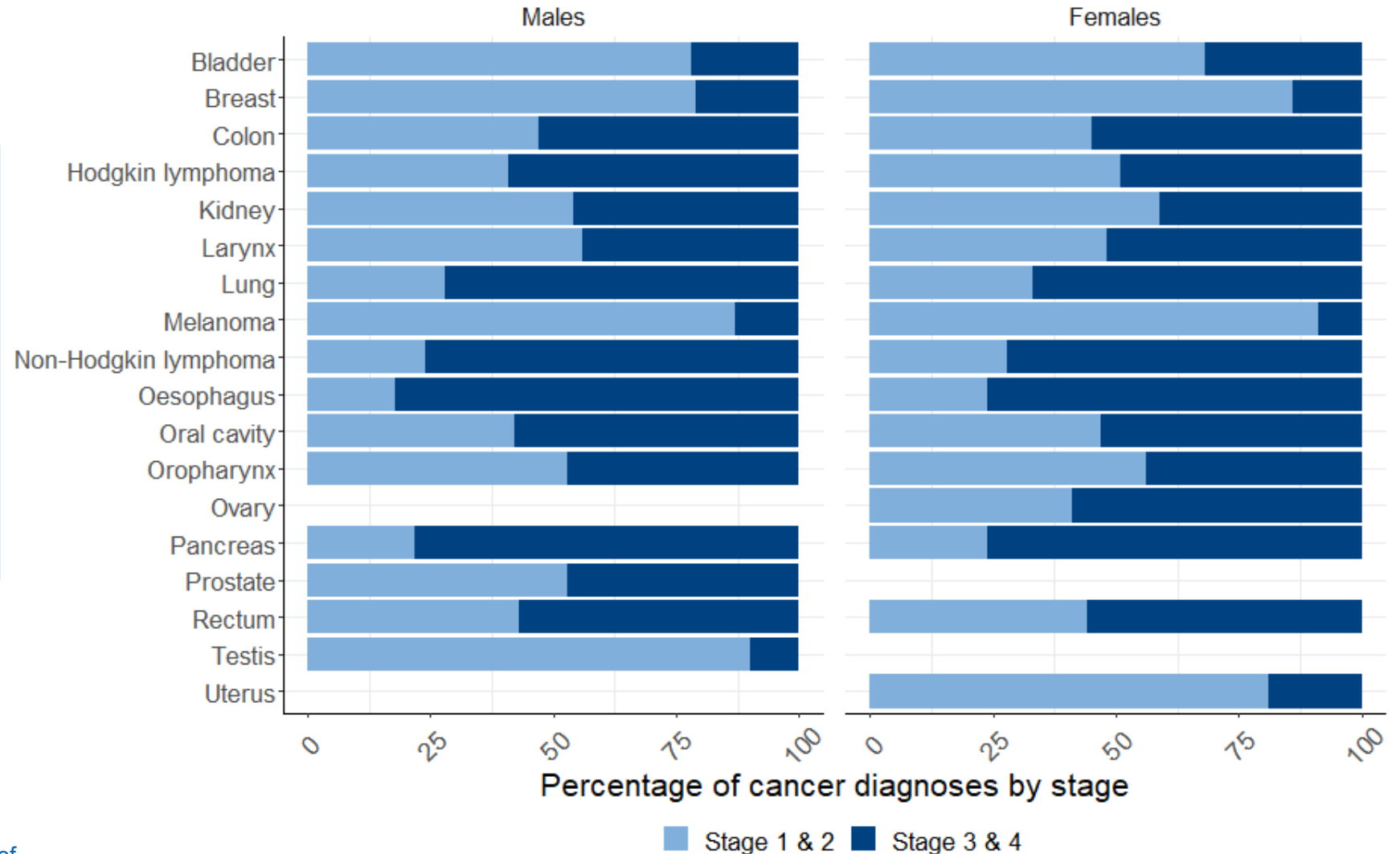


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# Health Inequalities - Gender

Females have a higher percentage of early-stage cancer diagnosis for all sites/groups, **except for bladder**

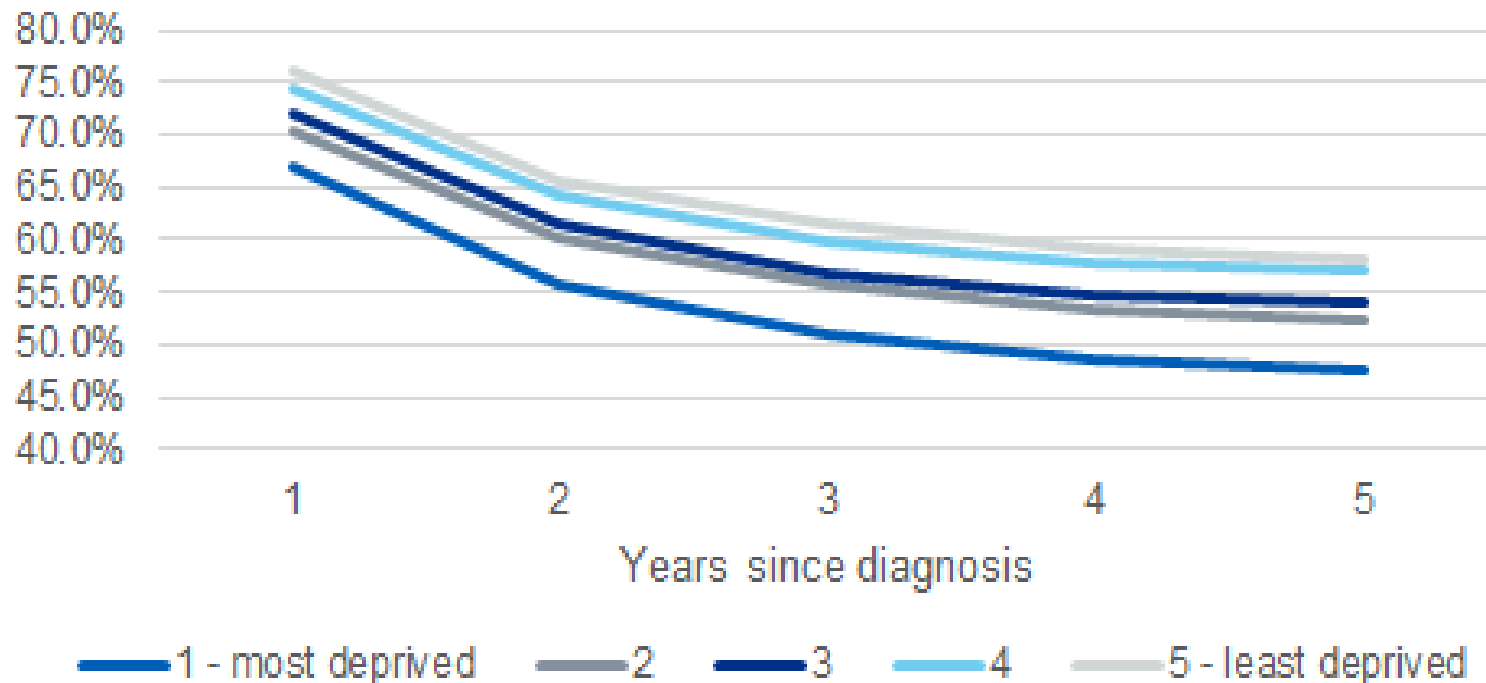
Males had a higher percentage of bladder cancers diagnosed at early stages than females by 10% points (**78% versus 68%**).



<https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2019/females-have-higher-proportion-of-cancers-diagnosed-at-stages-1-and-2>

# Health Inequalities – Deprivation

1-year, 2-year, 3-year, 4-year and 5-year age-standardised survival estimates, for adults (aged 15 to 99 years) diagnosed between 2016 and 2020: England, by deprivation for Bladder Cancer persons



	<u>Survival</u>	
	<u>1 yr</u>	<u>5yr</u>
Most Deprived	66.8%	47.5%
Least Deprived	76.2%	58.2%



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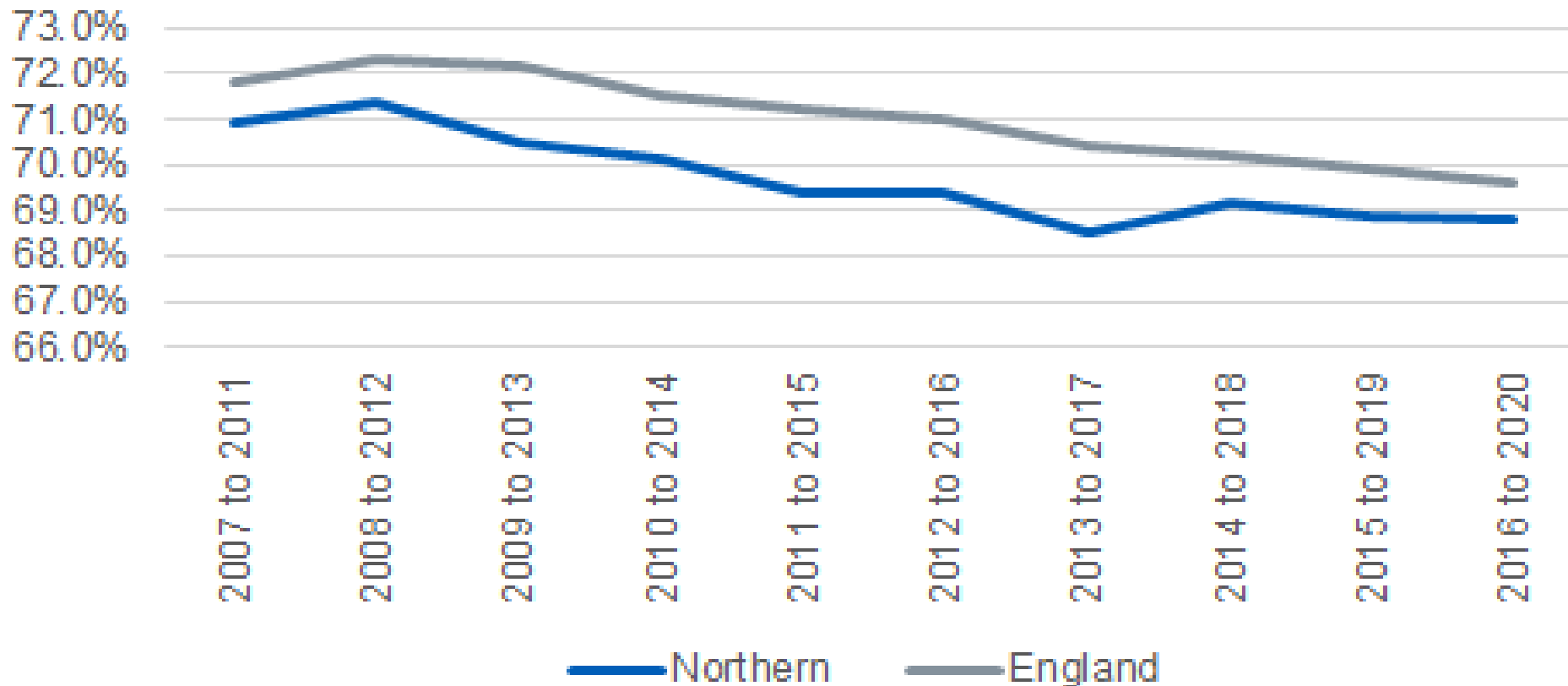
**How is North East & North Cumbria doing  
as a region in comparison to England?**



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# Regional Picture

Survival trend estimates for 1-year net survival for adults, all ages (15 to 99 years) diagnosed with Bladder - Persons



The NCA 1-year bladder survival is worse than the England position

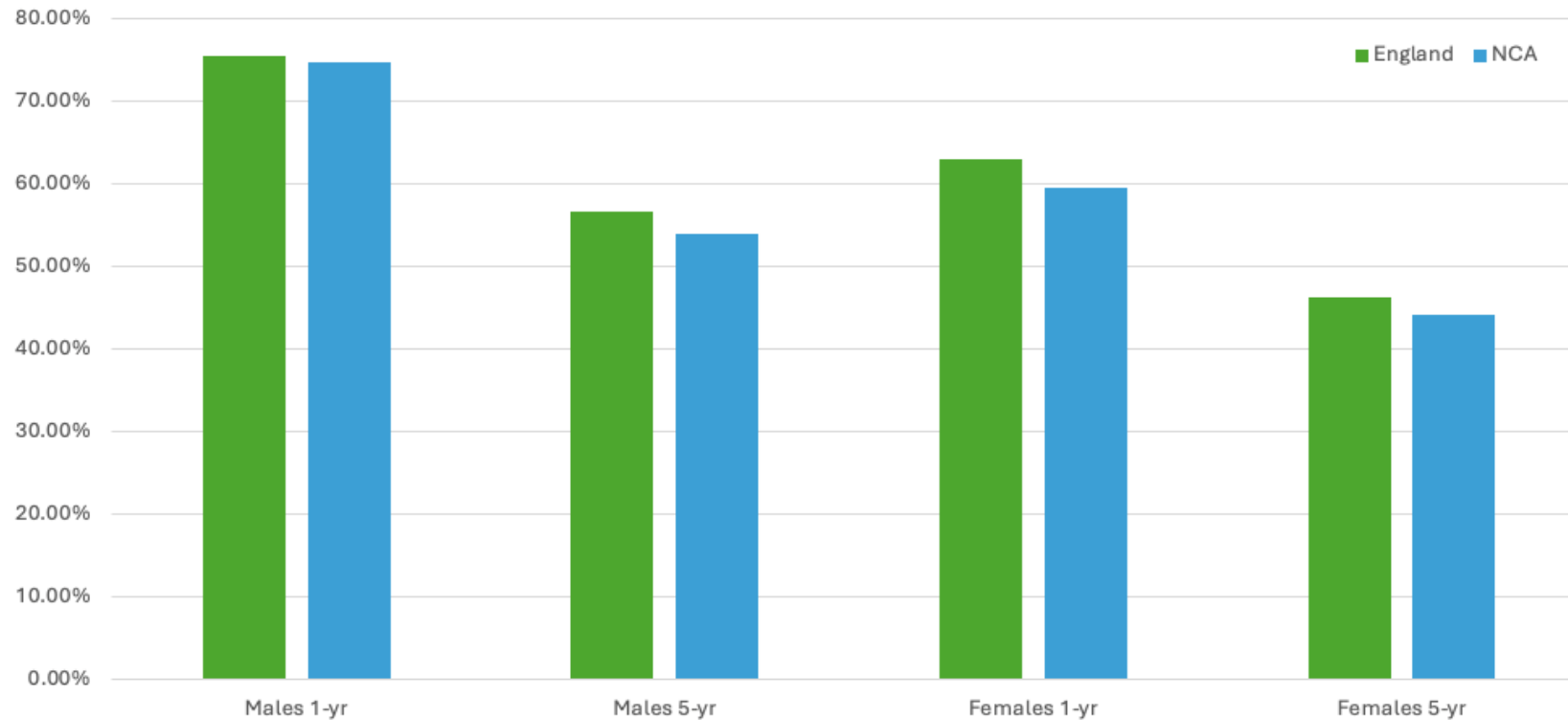
Both are showing a **deteriorating trend** in 1-year bladder cancer survival



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# Regional Picture

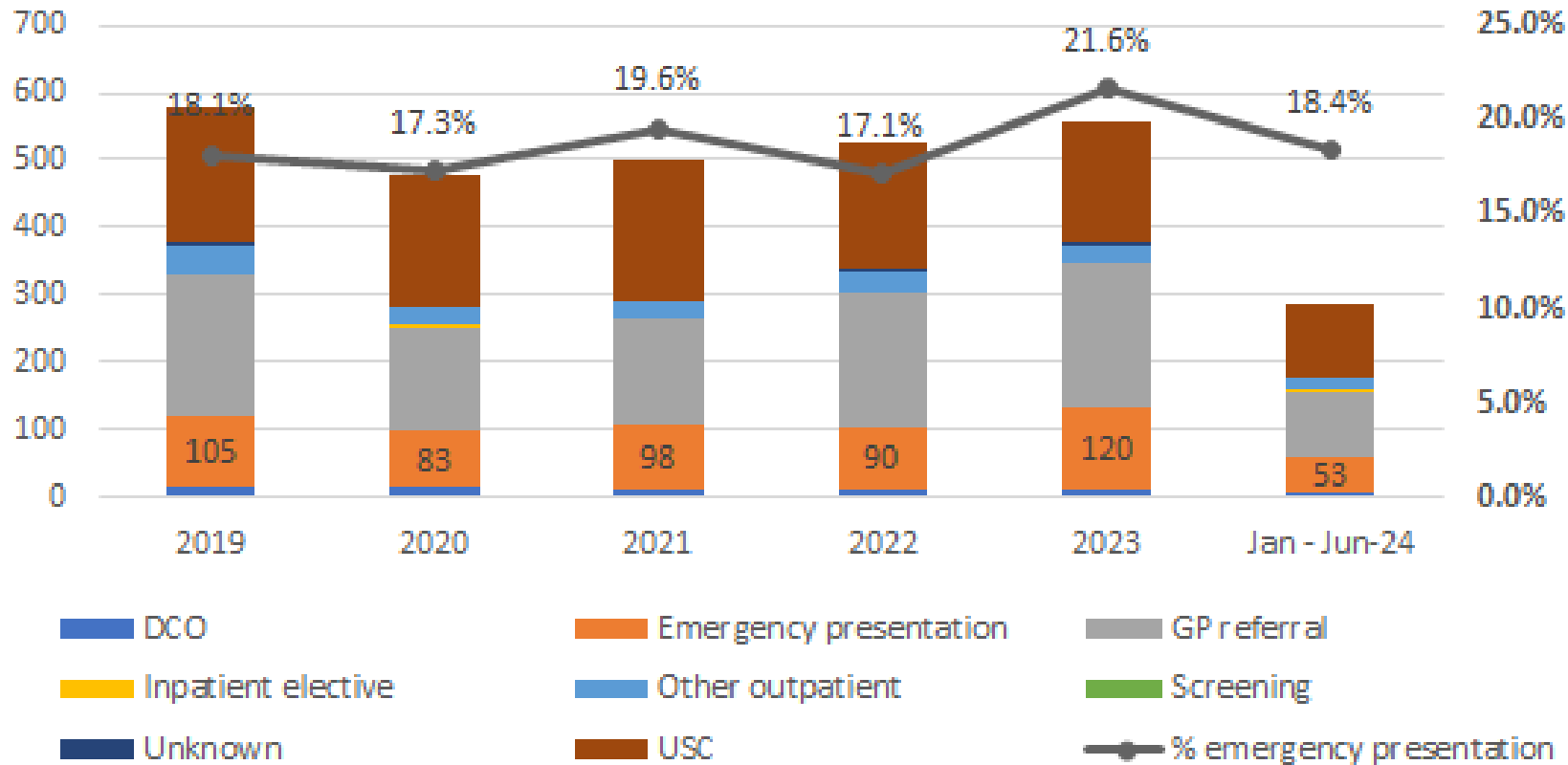
1 and 5 year Bladder Cancer survival for males and females  
NCA vs England



NCA has **lower** survival rates for 1 and 5 year in both males and females vs England  
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# Routes to Diagnosis

Route to diagnosis - Bladder

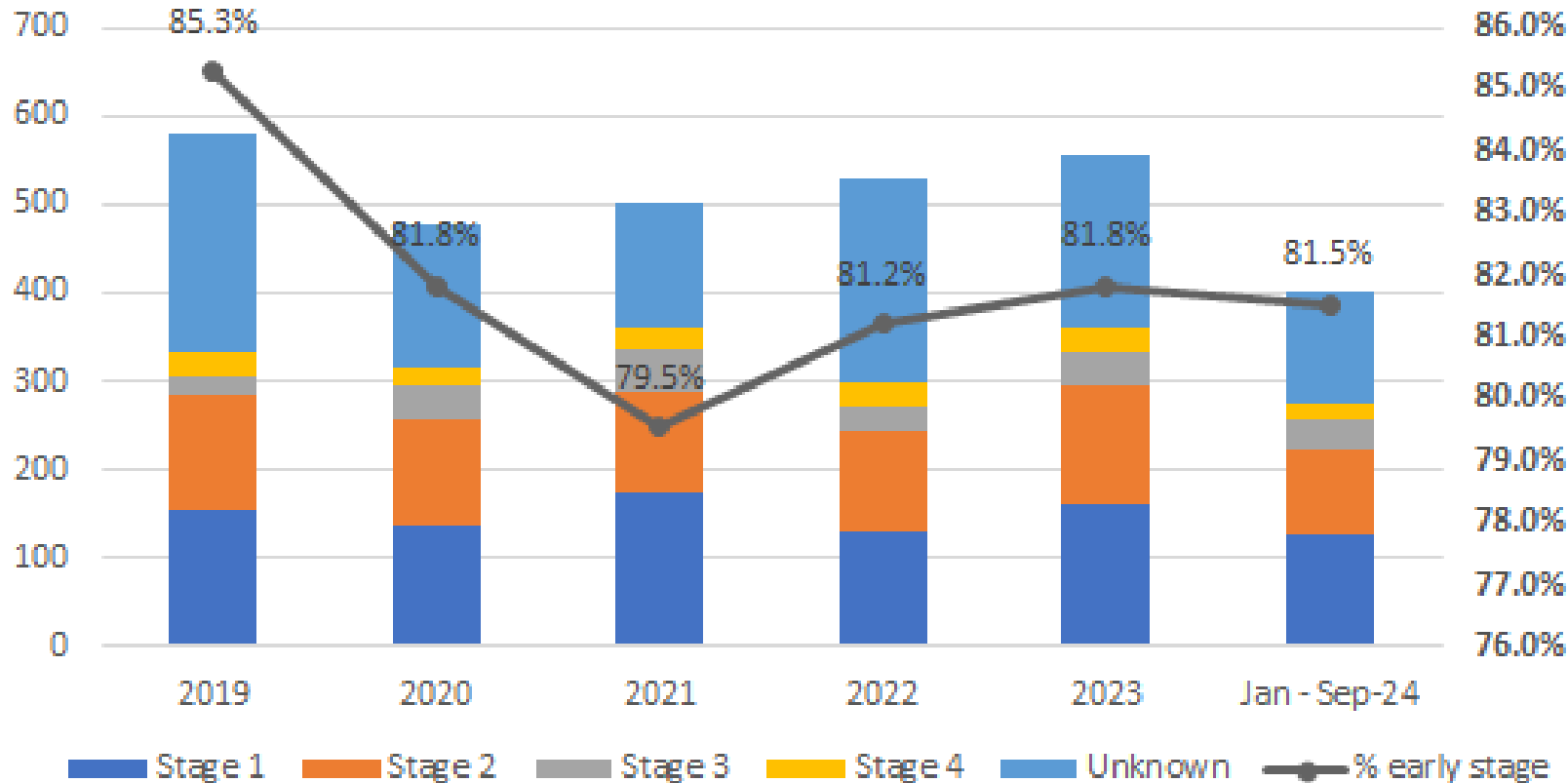


Routine GP referral the **biggest** route to diagnosis; more than USC referral.

Emergency route to diagnosis is 18.4 % and **higher** than England rate of 17.1%

# Stage of diagnosis

Stage at diagnosis - Bladder



There has been a **decrease** in the % of early-stage diagnosis since 2019

There are many bladder diagnoses with stage unknown



## **Section 2 : Supporting Reflective Practice, Quality Improvement /Audit**

# NG12 – Suspected Bladder Cancer

## Bladder Cancer

### 1.6.4

Refer people using a [suspected cancer pathway referral](#) for bladder cancer if they are:

- aged 45 and over and have:
  - [unexplained](#) visible haematuria without urinary tract infection **or**
  - visible haematuria that persists or recurs after successful treatment of urinary tract infection **or**
- aged 60 and over and have unexplained **non-visible haematuria** and either dysuria or a raised white cell count on a blood test. **[2015]**

### 1.6.5

- Consider [non-urgent](#) referral for bladder cancer in people aged 60 and over with **recurrent or persistent unexplained urinary tract infection**. **[2015]**



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# NCA – Urgent Suspected Cancer Form

NICE Guidance	Suspected	ALL patients must have had a blood test for eGFR within 2 months of this referral		
	Bladder/ Renal	<input type="checkbox"/> Visible haematuria over 45 without UTI or recurs after treatment for UTI		
		<input type="checkbox"/> Non-visible haematuria without UTI – AGED OVER 60 and DYSURIA		
		<input type="checkbox"/> Non-visible haematuria without UTI – AGED OVER 60 and <u>RAISED WCC</u>		
		<input type="checkbox"/> Abdominal mass thought to be arising from the urinary tract found on imaging		
	Testicular	<input type="checkbox"/> A suspicious lump or swelling in the body of the testis (not epididymis)		
	Digital Rectal Exam	<input type="checkbox"/> Normal/soft	<input type="checkbox"/> Abnormal/Hard	<input type="checkbox"/> Declined by Patient
	Penile	<input type="checkbox"/> Progressive ulceration or a mass in the glans or prepuce but can involve the skin on the penile shaft, or unexplained or persistent symptoms affecting the foreskin or glans		
	Prostate	<input type="checkbox"/> Elevated or rising PSA compared to age specific range (PSA estimation should not be performed in presence of urinary tract infection) <b>WAIT 8 weeks before checking PSA after confirmed UTI</b>		
		<b>Age 40&lt;</b> Use clinical judgement or seek advice and guidance if there is a concern about prostate cancer.		
<input type="checkbox"/>		Aged 40-49	>2.5 ng/ml	
<input type="checkbox"/>		Aged 50 -59	>3.5 ng/ml	
<input type="checkbox"/>		Aged 60 - 69	>4.5 ng/ml	
<input type="checkbox"/>		Aged 70 - 79	>6.5 ng/ml	
<input type="checkbox"/>	Aged 80 and over	>20 ng/ml NENC recommended		
<b>Age 80 and over</b> if the initial PSA test is between 7.5-20ng/ml then to repeat the PSA once at 6 months and offer referral under urgent suspected cancer pathway if has <b>doubled</b> or it is now <b>&gt;20ng/ml</b> .		<input type="checkbox"/> With a hard irregular prostate <b>PSA must be sent before clinic appointment</b>		

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# Guidelines

- (NG12) recognises the importance of striking a balance between minimising the number of people without bladder cancer who get inappropriately referred and maximising the number of people with bladder cancer who get appropriately referred.
- Recommends referral to secondary care for those symptoms with a positive predictive value of 3% or above.
- There is guidance on how to manage and refer people with non-visible haematuria in primary care but no evidence-based guidance on how this should be investigated in hospitals.

# Regional Urological Guidance

- There is no single best practice guidance across the NENC region
  - There is variation in availability and detail in guidance across NENC
    - Durham
    - Sunderland & South Tyneside
    - North of Tyne, Gateshead and North Cumbria
- Approved by Area prescribing committee (APC) March 2023

Advise use of your local guidance if available. If not then advise the use of the North of Tyne, Gateshead and North Cumbria as the most comprehensive guideline available regionally.

# Definitions – NICE NG12

- **Recurrent UTI**

- *two or more episodes of UTI in 6 months,  
or three or more episodes in 1 year*

- **Dysuria**

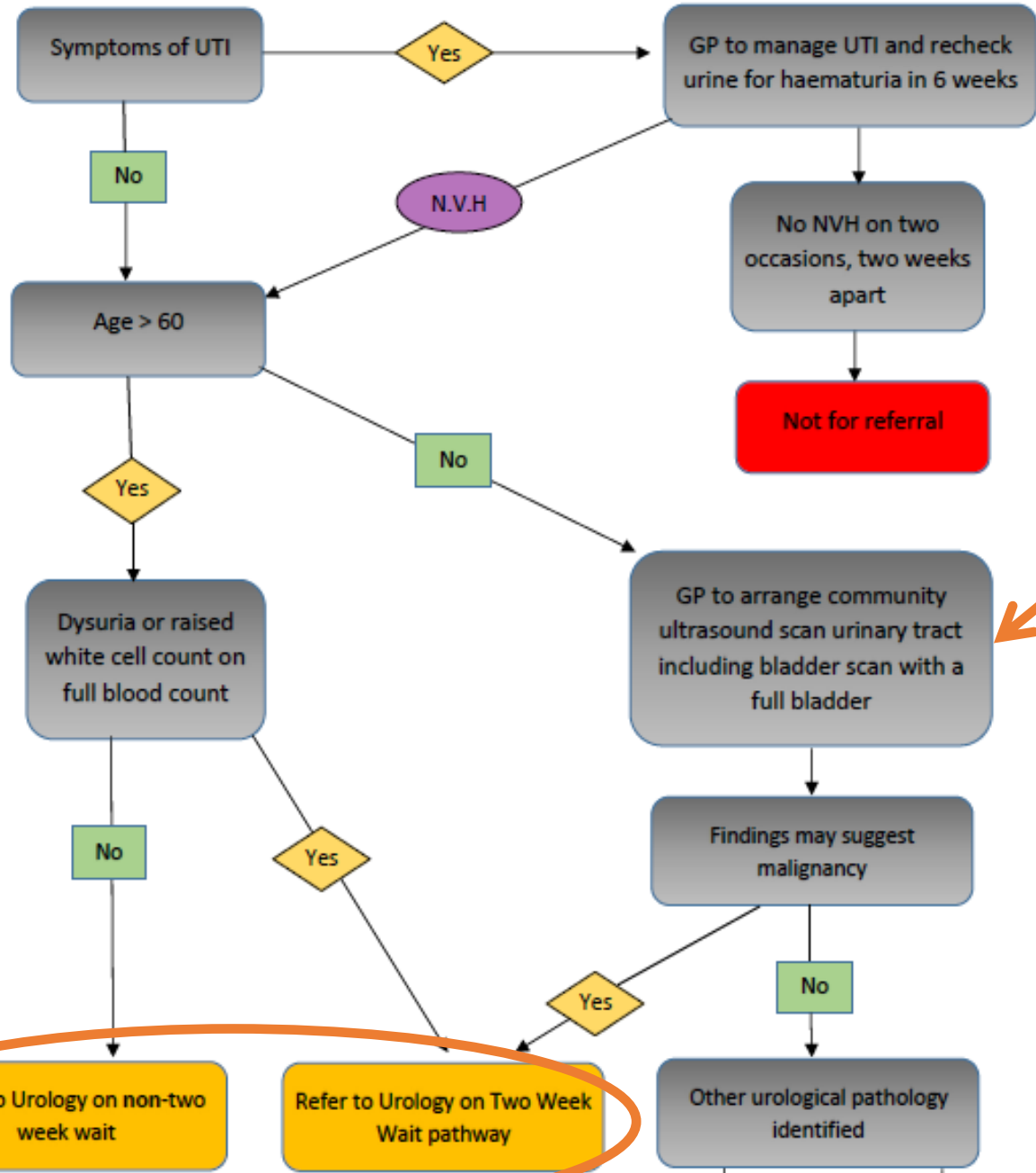
- *pain or discomfort experienced when urinating*

- **Non-visible haematuria**

- *has to be 1+ or higher on urinalysis on 2 occasions at least 3 weeks apart*

# North of Tyne, Gateshead and North Cumbria Guidelines

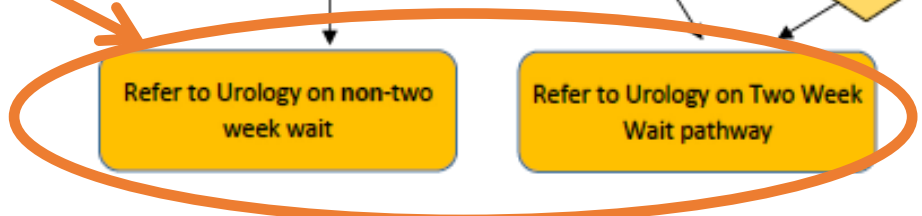
## Non Visible Haematuria - NVH



**Non-Visible Haematuria**  
1+ or higher on urinalysis on 2 occasions at least 3 weeks apart

Refer all patients >60 with persistent NVH

Ultrasound





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# **NG112 - Urinary tract infection (recurrent): antimicrobial prescribing**

## **Referral and seeking specialist advice for recurrent UTI**

### **1.1.4**

Refer or seek specialist advice on further investigation and management for:

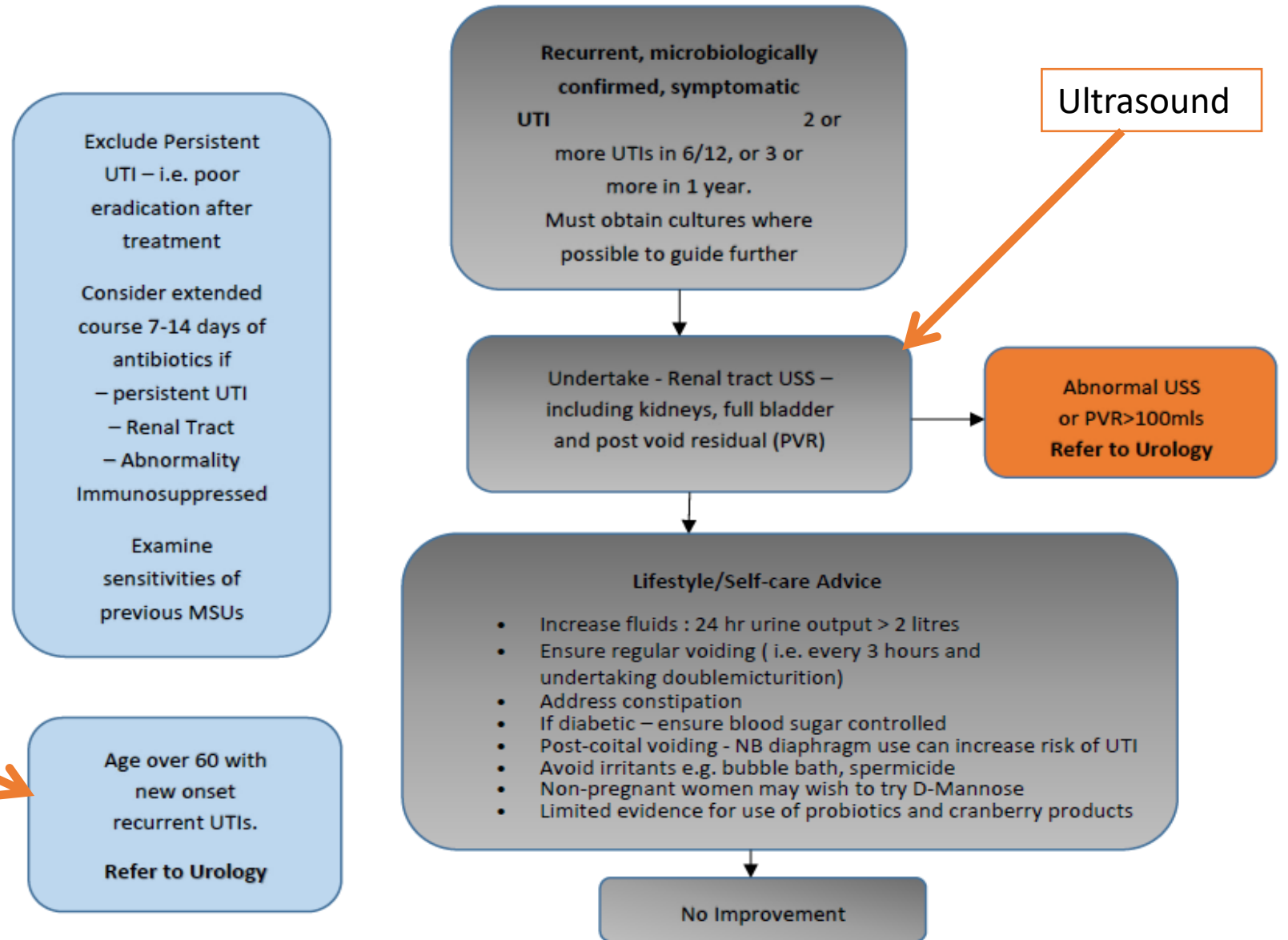
- men, and trans women and non-binary people with a male genitourinary system, aged 16 and over
- people with recurrent upper UTI
- people with recurrent lower UTI when the underlying cause is unknown
- pregnant women, and pregnant trans men and non-binary people
- children and young people aged under 16 years, in line with [NICE's guideline on urinary tract infection in under 16s](#)
- **people with suspected cancer, in line with [NICE's guideline on suspected cancer: recognition and referral](#)**
- anyone who has had gender reassignment surgery that involved structural alteration of the urethra. **[2018, amended 2024]**

**Recurrent UTI**

**2 or more episodes in 6 months**  
**3 or more episodes in 12 months**

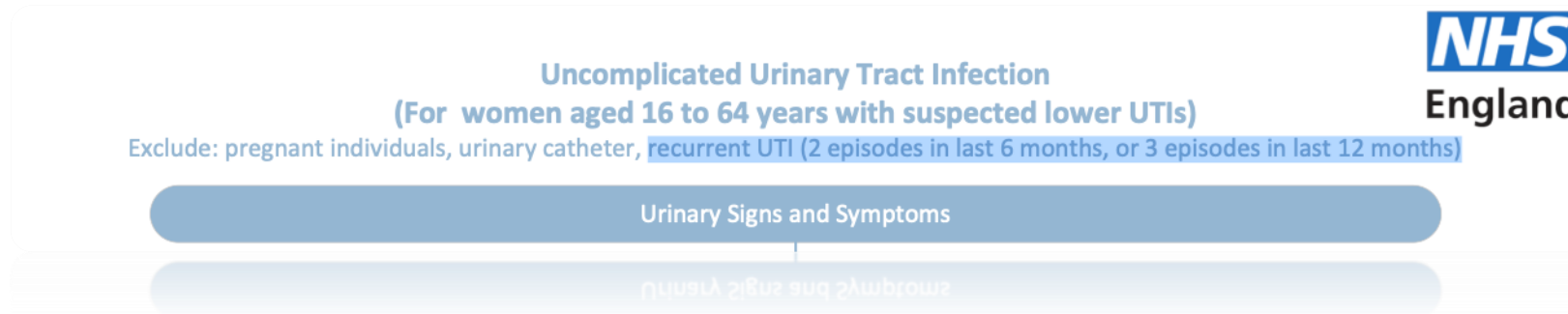
Referral

# RECURRENT URINARY TRACT INFECTIONS IN NON-PREGNANT FEMALES



# PHARMACY FIRST - UTI

- The Pharmacy First scheme allows pharmacists to treat and prescribe medication for uncomplicated urinary tract infections (UTIs) in women aged 16-64, without needing a GP appointment.
- This initiative aims to provide quicker and more convenient access to healthcare for this condition, freeing up GP appointments for those who need them most.





# TREATING YOUR INFECTION – URINARY TRACT INFECTION (UTI)

For women under 65 years with suspected lower urinary tract infections (UTIs) or lower recurrent UTIs (cystitis or urethritis)  
For community pharmacy



Possible urinary signs & symptoms	The outcome	Recommended care	When should I get help? Contact your GP practice or contact NHS 111
<p><b>Key signs/symptoms:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Dysuria:</b> Burning pain when passing urine (wee)</li> <li><input type="checkbox"/> <b>New nocturia:</b> Needing to pass urine in the night</li> <li><input type="checkbox"/> <b>Cloudy urine:</b> Visible cloudy colour when passing urine</li> </ul> <p><b>Other signs/symptoms to consider:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Frequency:</b> Passing urine more often than usual</li> <li><input type="checkbox"/> <b>Urgency:</b> Feeling the need to pass urine immediately</li> <li><input type="checkbox"/> <b>Haematuria:</b> Blood in your urine</li> <li><input type="checkbox"/> <b>Suprapubic pain:</b> Pain in your lower tummy</li> </ul> <p><b>Other things to consider:</b></p> <p><b>Recent sexual history</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inflammation due to sexual activity can feel similar to the symptoms of a UTI</li> <li><input type="checkbox"/> Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI</li> </ul> <p><b>Changes during menopause</b></p> <ul style="list-style-type: none"> <li>Some changes during the menopause can have symptoms similar to those of a UTI</li> </ul>	<p><b>Non-pregnant women:</b></p> <p><input type="checkbox"/> <b>If none or only one of: dysuria, new nocturia, cloudy urine; AND/OR vaginal discharge</b> →</p> <ul style="list-style-type: none"> <li>• UTI much less likely</li> <li>• You may need a urine test to check for a UTI</li> <li>• Antibiotics less likely to help</li> <li>• Usually lasts 5 to 7 days</li> </ul> <p><input type="checkbox"/> <b>If 2 or more of: dysuria, new nocturia, cloudy urine; AND NO vaginal discharge</b> →</p> <ul style="list-style-type: none"> <li>• UTI more likely</li> <li>• You should start to improve within 48 hours</li> <li>• Symptoms usually last 3 days</li> </ul> <p><b>Pregnant women:</b></p> <p><input type="checkbox"/> <b>If suspected UTI</b> →</p>	<p><input type="checkbox"/> <b>Self-care and pain relief.</b></p> <ul style="list-style-type: none"> <li>• Symptoms may get better on their own</li> </ul> <p><input type="checkbox"/> <b>Recommend GP visit if symptoms:</b></p> <ul style="list-style-type: none"> <li>• Get worse</li> <li>• Do not get a little better with self-care within 48 hours</li> <li>• Are persistent and ongoing</li> </ul> <p><input type="checkbox"/> <b>If mild symptoms, recommend self-care AND GP visit if symptoms:</b></p> <ul style="list-style-type: none"> <li>• Get worse</li> <li>• Do not get a little better with self-care within 48 hours</li> </ul> <p><input type="checkbox"/> <b>Recommend immediate GP visit/ NHS111 and self-care</b></p> <p><input type="checkbox"/> <b>Immediate GP referral</b></p>	<p>The following symptoms are possible <b>signs of serious infection and should be assessed urgently.</b></p> <p>Phone for advice if you are not sure how urgent the symptoms are.</p> <ol style="list-style-type: none"> <li>1. You have shivering, chills and muscle pain</li> <li>2. You feel confused, or are very drowsy</li> <li>3. You have not passed urine all day</li> <li>4. You are vomiting</li> <li>5. You see blood in your urine</li> <li>6. Your temperature is above 38°C or less than 36°C.</li> <li>7. You have kidney pain in your back just under the ribs</li> <li>8. Your symptoms get worse</li> <li>9. Your symptoms are not starting to improve within 48 hours of taking antibiotics</li> </ol>
<p><b>Self-care to help yourself get better more quickly</b></p>	<p><b>Options to help prevent a UTI</b></p>	<p><b>Antibiotic Resistance</b></p>	<p><b>Community Pharmacy notes</b></p>
<ul style="list-style-type: none"> <li>• <b>Drink enough fluids</b> to stop you feeling thirsty. Aim to drink 6 to 8 glasses</li> <li>• <b>Avoid too much alcohol</b>, fizzy drinks or caffeine that can irritate your bladder</li> <li>• <b>Take paracetamol or ibuprofen</b> at regular intervals for pain relief, if you can and have had no previous side effects</li> <li>• There is currently no evidence to support taking cranberry products or cystitis sachets to improve your symptoms</li> <li>• Consider the risk factors in the 'Options to help prevent UTI' column to reduce future UTIs</li> </ul>	<p><b>It may help you to consider these risk factors:</b></p> <ul style="list-style-type: none"> <li>• <b>Stop bacteria spreading from your bowel into your bladder.</b> Wipe from front (vagina) to back (bottom) after using the toilet.</li> <li>• <b>Avoid waiting to pass urine.</b> Pass urine as soon as you need.</li> <li>• <b>Go for a wee after having sex</b> to flush out any bacteria that may be near the opening to the urethra.</li> <li>• <b>Wash</b> the external vagina area with water before and after sex to wash away any bacteria that may be near the opening to the urethra.</li> <li>• <b>Drink</b> enough fluids to make sure you wee regularly throughout the day, especially during hot weather.</li> </ul> <p><b>If you have a recurrent UTI, the following may help</b></p> <ul style="list-style-type: none"> <li>• <b>Cranberry products and D-mannose:</b> There is some evidence to say that these work to help prevent recurrent UTI.</li> <li>• <b>After the menopause:</b> Topical hormonal treatment may help; for example, vaginal pessaries.</li> <li>• Antibiotics at night or after sex may be considered.</li> </ul>	<p>Antibiotics can be lifesaving. <b>But antibiotics are not always needed for urinary symptoms.</b></p> <p style="text-align: center;">↓</p> <p>Antibiotics taken by mouth, <b>for any reason</b>, affect our gut bacteria making some resistant.</p> <p style="text-align: center;">↓</p> <p>This may make future UTI more difficult to treat.</p> <p style="text-align: center;">↓</p> <p>Common <b>side effects</b> to taking antibiotics include thrush, rashes, vomiting and diarrhoea. Seek medical advice if you are worried.</p> <p style="text-align: center;">↓</p> <p><b>Keep antibiotics working;</b> only take them when advised by a health professional. This way they are more likely to work for a future UTI.</p>	

Pharmacy First-UTI



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# **Audit and Quality Improvement**



# Audit & Quality Improvement

- Bladder cancer symptoms are commonly misattributed to other conditions in primary care, and that this is more likely to occur in women and those presenting with UTI/UTI-like symptoms.
- This can delay diagnosis. We also know that the USC referral route is associated with earlier diagnosis, so referral guidance is important to consider.



# Delays in Recognition

## For consideration :

- Which bladder cancer symptoms are triggering referral (e.g., blood in pee, recurrent or persistent UTI, abdominal pain, urinary tract symptoms like dysuria, urinary frequency or urgency)?
- For specific symptoms like recurrent UTI where we know inequalities in timely diagnosis exist, how are these patients being managed?
  - Are they having their UTIs confirmed via urinalysis?
  - Have they had multiple UTI prescriptions within the past ~1 year?
  - Are they being given safety-netting advice?

# Delays in Referral

- On average, how many primary care consultations does a person have before referral for suspected bladder cancer?
- Does this vary by age, sex, symptom presentation, or GP practice?
- How many USC urology referrals for suspected bladder cancer are being made, and is there substantial variation between practices
- In what situations does a GP use routine referral instead of USC referral?



# Audit Aims

## The aims of the audit are

- Provide GP practices/ PCNs with an opportunity to reflect on referral practice, symptom management and safety netting to secure effective early bladder cancer diagnosis.
- Provide the opportunity to support reflective practice, learning and development,
- Identify improvements /actions that will enhance patient care, timely referral and earlier diagnosis. (At practice and PCN level.
- 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
- 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.

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

# 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

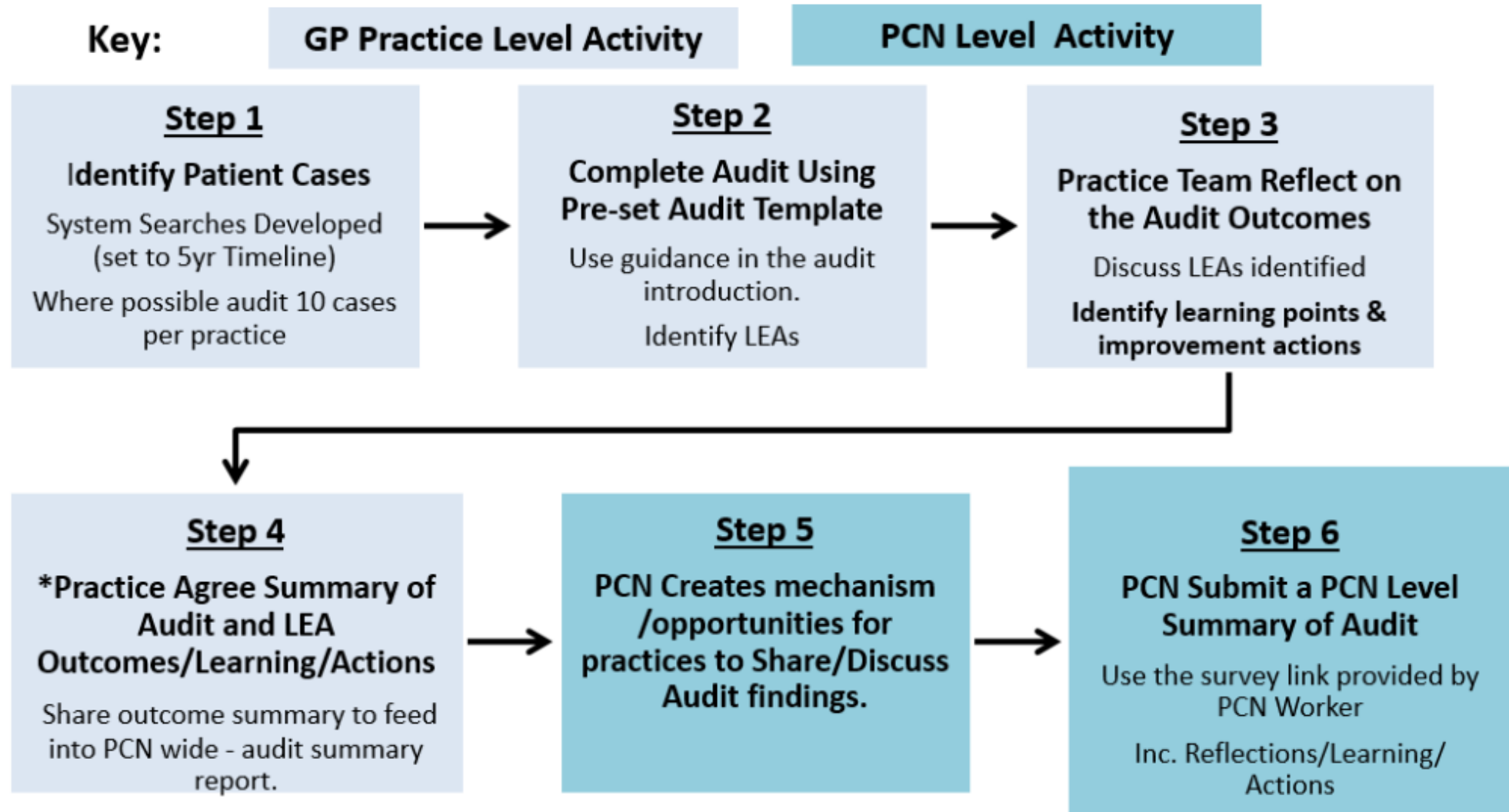
**Plus, clinical challenges/complexities;**

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



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# Bladder Cancer Audit Process





# Bladder Cancer Audit Process

## 1. Identifying Patient Cases / Audit Scope

- Clinical system searches have been developed for the practices to identify patient cases.
- Retrospective audit focused on bladder cancer/ all types of referral routes should be reviewed.
- 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.
- Routes to diagnosis audit; which includes questions around symptom management, safety netting, clinical assessment/interventions/pathway and interventions that are not GP practice based.
- 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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# Bladder Cancer Audit Process

## 3. Practices Review Audit Outcomes / Discuss LEAs

- 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.
- Consider current NG12 guidance and any current Trust based clinical assessment and referral guides.

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

- Agree summary of the findings/ learning from the audit to share with /across the wider PCN.
- This is not a request to share full details/actual completed audit template, ***but a summary of key findings***/learning/reflections/actions to feed into an overall PCN Audit Summary / Report.



# Bladder Cancer Audit Process

## 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 should pull out dominant trends and actions to take forward to improve education, practice processes and patient care .
- 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.

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

- Survey to support the PCN to report and submit the outcomes of the bladder cancer audits at a PCN level.
- Summary should reflect the dominant trends, findings and improvement actions from across your practices.
- The PCN summary uses the same themes and questions as the practice level summary
- Paper version is available

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# **Audit Outcomes Summary**

**Practices and the PCN should use the same questions below to summarise the outcomes from audit at practice level and a PCN wide footprint.**

- 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).

**PCNs need to contact their PCN Worker to get the link to access the electronic portal to submit the PCN – wide summary of the audit outcomes**

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# **Section 3 : Symptom/Risk Management/ Safety Netting Good Practice**



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# SNOMED Codes

**SNOMED CT codes - allows accurate case finding and risk calculations**

- Non-visible haematuria  
**SNOMED CT 367011000119109**
- Suspected UTI  
**SNOMED CT 314940005**
- Confirmed UTI  
**SNOMED CT 68566005**

Specific SNOMED codes for location; upper, lower, catheter associated



# Coding

Appropriate coding of suspected and confirmed UTIs from other sources.

- Local pharmacies
- Urgent treatment centres
- Private Providers (remote and face-to-face)
- A&E



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# Suggested Process

- Notification received from Community Pharmacy, Urgent Treatment Centre, Private Provider, etc.
- Appropriate SNOMED code added to patient clinical record
- Follow up actions (repeat urinalysis, urine culture, etc.) tasked for action

**NHS Community Pharmacy First Service -  
Notification of Uncomplicated Urinary Tract infection consultation at community  
pharmacy**

To [REDACTED]

Following a Pharmacy First referral to the pharmacy, this patient had a consultation with a pharmacist at the above pharmacy on the date shown.

Support has been given to the patient following an assessment of their needs with the information available to the pharmacist at the time.

Details of the support or advice provided and any additional information for the general practice is given below:

Patient Details	
Client Name	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Date of Birth	[REDACTED]
Gender	[REDACTED]
Patient ethnicity	[REDACTED]
NHS Number	[REDACTED]
Contact Details	[REDACTED]
Consultation Details	
Clinical Pathway	Uncomplicated UTI
Pregnancy status	No
Clinical narrative	Existing medical conditions - thyroid - levothyroxine Allergies - None OTC - Cystopurin sachets Clinical observations - Dysuria, smelly & cloudy urine, nocturia.
Consultation Outcome	Medicines supply
Other outcome (If the answer above is 'other')	
Red flags if any identified	
Clinical Observations	

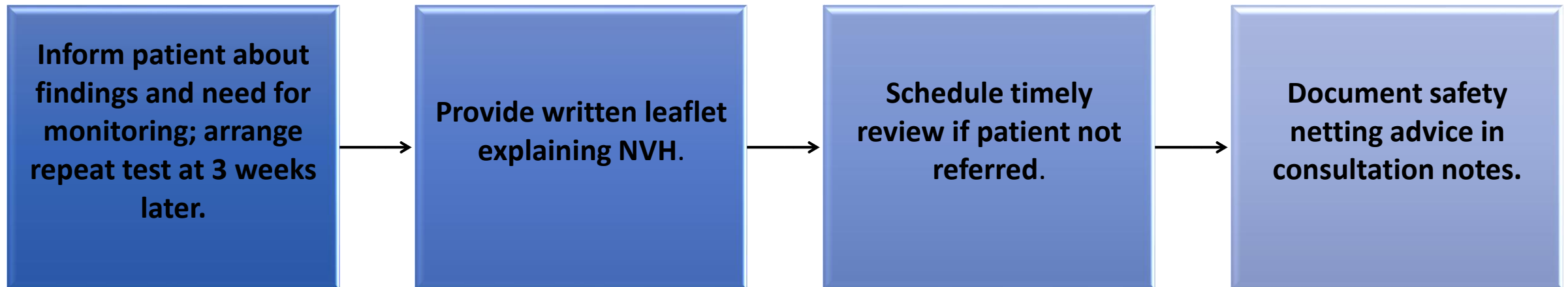
Patient temperature	0.0°C
Medicines supply information (If supply made)	
Nitrofurantoin	Nitrofurantoin 100mg modified-release capsules (Advanz Pharma) 14 capsule
Quantity	6 capsule
Dose	100mg modified release capsule twice a day (every 12 hours)
Days supplied	3
Supply type (if supply made)	PGD
Additional instructions	
Advice to patient	
Medicines advice	Advice provided on actions associated with any escalations, how to take medicines if supplied, actions to take if symptoms deteriorate or there is no improvement within 3 - 5 days, and when to seek medical attention
Advice and actions for patient	
No Supply Details (If supply not made)	
PGD exclusion reason (If applicable)	None of the above
No supply reason	
No supply reason (if the above is 'other')	
Advice given (if no supply made)	
Signposting and Escalation information if applicable	
Signposted to routine	
Signposted to routine if other	
Escalated to urgent	
Escalated to urgent if other	
ODS code (if known)	
Reason for referral	

prov

# Safety Netting

Support primary care clinicians in the safe management and follow-up of patients presenting with non - visible haematuria (NVH) and/or recurrent urinary tract infections (UTIs).

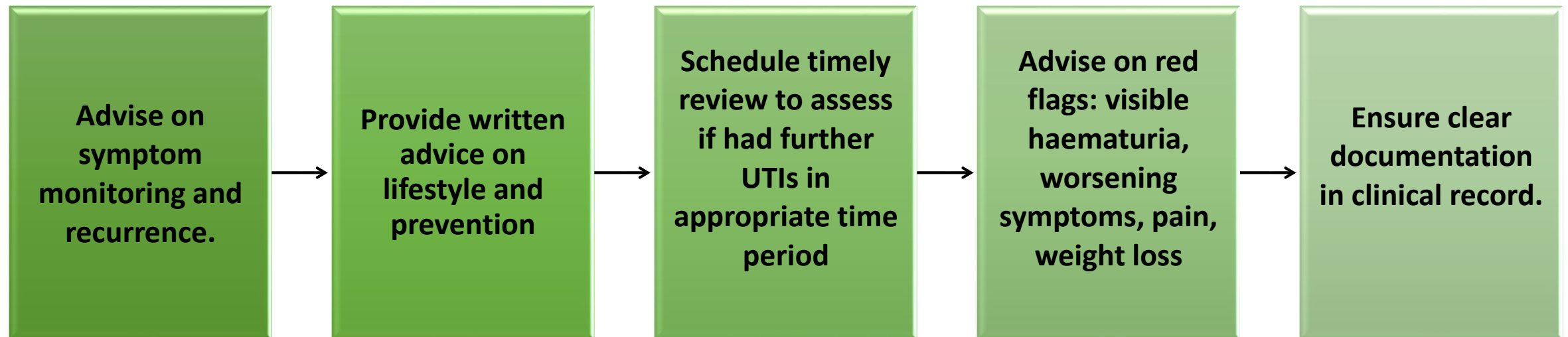
NVH



# Safety Netting

Support primary care clinicians in the safe management and follow-up of patients presenting with non - visible haematuria (NVH) and/or recurrent urinary tract infections (UTIs).

## Recurrent UTI





# **Section 4: Higher Risk Groups and Public Symptom Awareness**



# Public Campaign

Studies show that people are more likely to suspect UTIs, sexually transmitted infections, and kidney and prostate problems as the cause of haematuria <sup>1</sup>

Public spontaneous recall of bladder cancer symptoms was overall low in CRUK Cancer Awareness Measure (CAM) Survey <sup>2</sup>

Lack of awareness of the link between bladder cancer and smoking. Smokers have a 2-3x higher risk. <sup>3</sup>

1 - Tan W, Teo CH, Chan D et al. Exploring patients' experience and perception of being diagnosed with bladder cancer: a mixed-methods approach. BJU Int, 2020.

2 - CRUK September 2023 Cancer Awareness Measure survey where we asked the public to list as many signs and symptoms of cancer as they could spontaneously recall.

3 - Bristol Myers-Squibb. Addressing Challenges in Bladder Cancer Expert Roundtable Report, 2020.

[https://actionbladdercanceruk.org/library/directory\\_listings/46/Addressing%20Challenges%20in%20Bladder%20Cancer%20Report%20-%20October%202017.pdf](https://actionbladdercanceruk.org/library/directory_listings/46/Addressing%20Challenges%20in%20Bladder%20Cancer%20Report%20-%20October%202017.pdf)



# Public Campaign

Research indicates that patients often describe blood in urine as a 'deceptive' symptom, as it is painless and often inconsistent which leads to delays in help-seeking <sup>1 2</sup>

The World Bladder Cancer Patient Coalition survey showed that 32% of people waited longer than a month after symptom onset to see their GP <sup>3</sup>

1 - Edmondson AJ, Birtwistle JC., Catto JWF et al. The patients' experience of a bladder cancer diagnosis: a systematic review of the qualitative evidence. J Can Surviv, 2017.

2 - Beitz JM. & Zuzelo PR. The lived experience of having a neobladder. West J Nurs Res, 2003.

3 - World Bladder Cancer Patient Coalition. Patient & Carer Experiences with Bladder Cancer. <https://worldbladdercancer.org/wp-content/uploads/2023/06/WBCPC-Patient-Survey-Report.pdf>.



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# **Section 5: Education Resources**

# Online Learning - Webinars

## Northern Cancer Alliance Webinar

- Primary care education, Sept 2025
- Mr Sahadevan – Urology Consultant S Tyneside
- [youtu.be/-NbzS0b\\_DW8](https://youtu.be/-NbzS0b_DW8)

## NB Medical – Webinar on Bladder Cancer

- Streamed June 2023
- Dr Kate Rigby
- <https://www.youtube.com/watch?v=r9nzfKVFXL4>

# Online Learning – E Learning Modules

## Action Bladder UK; Module on Bladder Cancer

- Hosted by NB Medical
- 1 hour module
- **Link** to register for this module here: <https://bit.ly/BladderCancerCPD>

## CRUK; Module on Urological Cancer

- Hosted by Doctors.net in Cancer Learning Centre
- 1 hour module
- <https://www.doctors.net.uk/eClient/cruk/clc/recognition-referral.html>



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**Any Queries About this Toolkit . Please do contact one of us:**

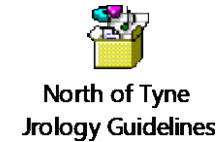
Dr Hassan Tahir, NCA GP Clinical Lead - [hassan.tahir@nhs.net](mailto:hassan.tahir@nhs.net)

Fiona Anderson, NCA Cancer Delivery Lead - [fiona.anderson50@nhs.net](mailto:fiona.anderson50@nhs.net)

Leanne Rowell, PCN Facilitator - [leanne.rowell1@nhs.net](mailto:leanne.rowell1@nhs.net)

# Appendix and Files

- North of Tyne, Gateshead and North Cumbria Guideline



- AUDIT Presentation Slides



- Audit Excel Document



- Bladder Staging Guidance

