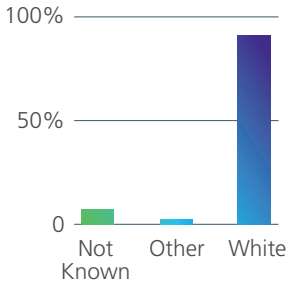
Primary Care Bladder Cancer Audit

As part of a Wessex Cancer Alliance Local Improvement Scheme, 17/18 PCNs across Dorset completed a standardised audit template reviewing bladder cancers diagnosed between 1st October 2024-31st March 2025

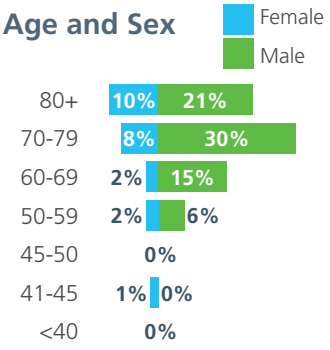
86
Total Patients

Demographics

Ethnicity

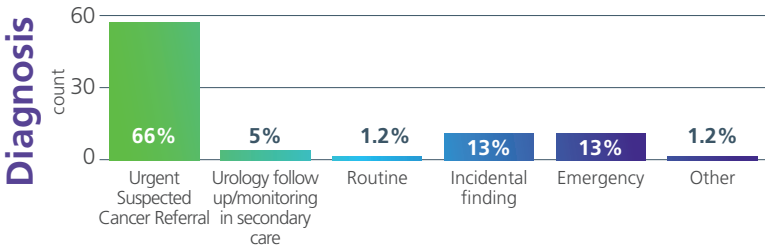


Age and Sex

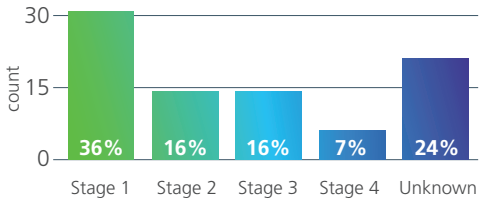


40% referred on urgent suspected cancer pathway did not have frailty status recorded

Route to Diagnosis

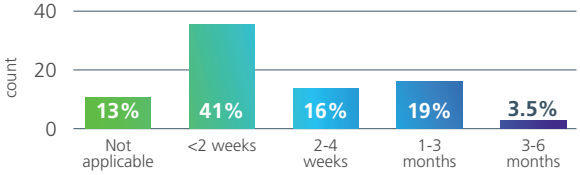


Stage at Diagnosis

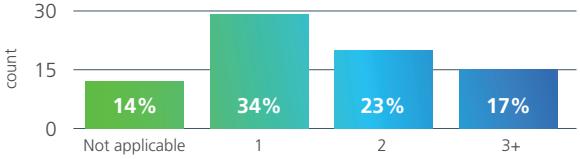


Primary Care Interval

Time from first clinical contact to referral



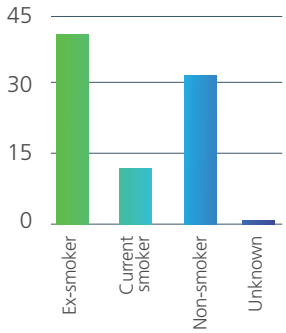
Number of relevant clinical contacts prior to referral



Risk Factors

- smoker/exsmoker **62%**
- occupational exposure **1%**
- catheterisation **6%**
- prior pelvic radiotherapy **6%**

Smoking



Investigations

(excludes those not seen in primary care before diagnosis)

Full blood count (FBC)

- **14%** no FBC
- **25%** anaemia
- **9%** no urine dipstick

Symptom Presentation

% with visible haematuria	% with unexplained UTI	% unexplained weight loss	% with dysuria	% unexplained appetite loss	% non-visible haematuria	% with other symptoms
72%	**21%**	**6%**	**27%**	**2%**	**36%**	**20%**

Delay themes

based on qualitative analysis of audit report (in order of frequency they occurred)

Delays

% where there was a delay

27%



1. Haematuria management

Visible haematuria not referred at first presentation and non-visible haematuria not referred in context of negative urine culture



2. Recurrent UTI

Delays were identified in some cases where referral was not made at an earlier stage



3. Anaemia

Urological causes of anaemia were not always considered or investigated as part of the initial assessment



4. Symptom overlap

Overlay of prostate, gastrointestinal or gynaecological symptoms contributed to diagnostic delay



5. Administrative delay

Capacity for appointment availability in primary and secondary care



6. Patient factors

Variation in awareness of significance of haematuria as a symptom of cancer, delays handing in urine sample

***This audit focused on reviewing the primary care interval only and did not explore the pathway beyond point of referral**

Next Steps / Recommendations

- **Primary care education (haematuria, recurrent UTI, anaemia, symptom overlay, frailty, female patients)**
- **Strengthen haematuria safety netting processes in primary care**
- **Establish consensus for management of non-visible haematuria in patients who do not meet NG12 criteria but still have risk factors**

WCA

NHS Wessex Cancer Alliance