

West of Scotland Cancer Network

**Urological Cancer
Managed Clinical Network**



Audit Report

Bladder Cancer Quality Performance Indicators

Clinical Audit Data: 01 April 2021 to 31 March 2022

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Bladder Quality Performance Indicators Overview

Patients diagnosed April 2021–March 2022

Number of patients: **679**

Gender of patients: Male 71% Female 29%

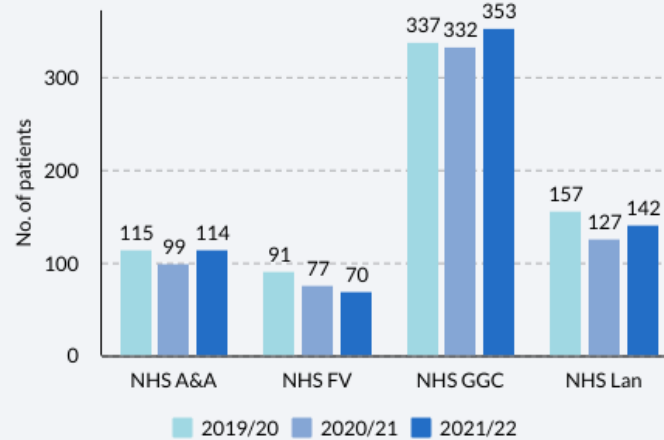
Number of new diagnoses in Scotland, 2020*: Male 526 Female 274

*Source: PHS

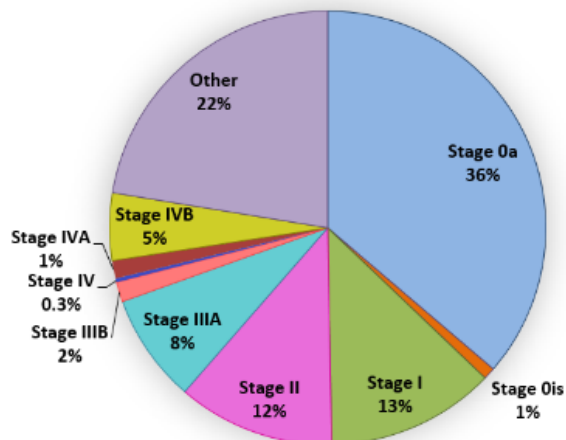
1 year Net survival* 71.0% 55.6%
5 year Net survival* 46.1% 34.7%

* Net non-age standardised survival for patients diagnosed 2013–17 in Scotland

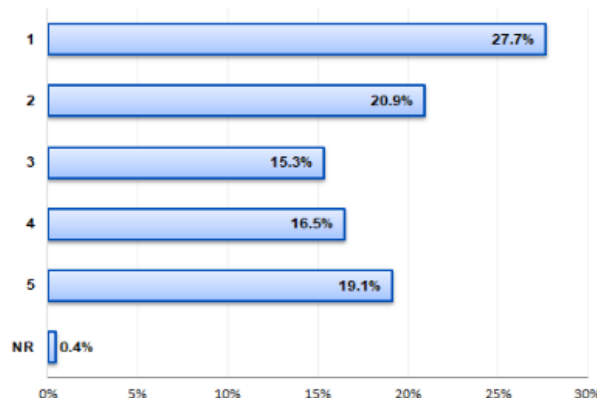
Number of cases by Board



TNM Stage

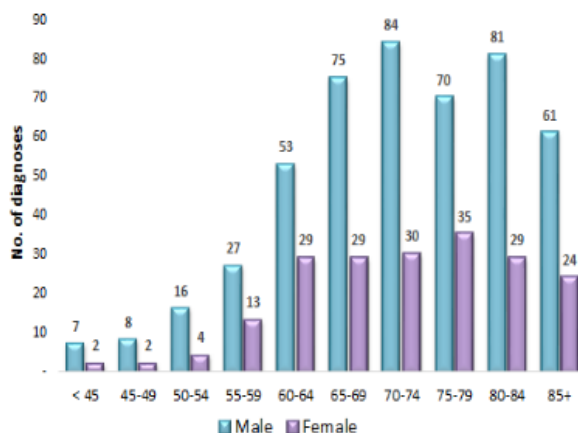


SIMD

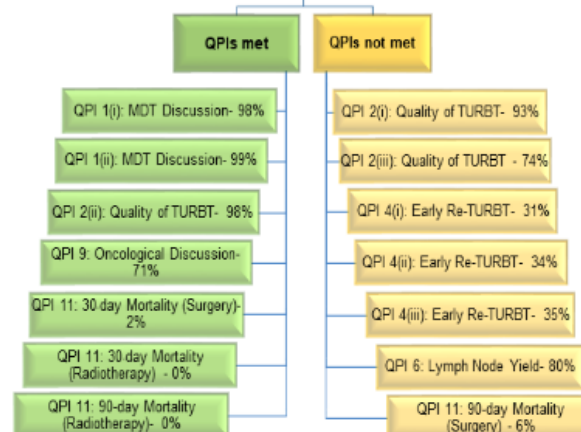


*1=most deprived, 5=least deprived

5 year Age Distribution



679 Diagnosed in WoS



Executive Summary

This report contains an assessment of the performance of West of Scotland (WoS) urological cancer services using clinical audit data relating to patients diagnosed with bladder cancer in the twelve months between 01 April 2021 and 31 March 2022.

Cancer audit has underpinned much of the regional development and service improvement work of the MCN and the regular reporting of activity and performance have been fundamental in assuring the quality of care delivered across the region. With the development of QPIs, this has now become a national programme to drive continuous improvement and ensure equity of care for patients across Scotland.

QPI results indicate that overall, the quality of Bladder cancer services across the WoS is good. Particular areas of note include QPI 1 (i&ii): Multi-Disciplinary Team Meeting Discussion, QPI 2 (ii): Quality of Transurethral Resection of Bladder Tumour, and QPI 11: 30 and 90 Days Mortality – Radiotherapy were met by all Boards. QPI 9: Oncological Discussion and QPI 11: 30 Day Mortality – Surgery were met regionally.

Where QPI targets were not met, the majority of NHS Boards have provided detailed commentary. In the main these indicate valid clinical reasons or that, in some cases, patient choice or co-morbidities have influenced patient management. QPI 1 (i & ii): Multi-Disciplinary Team Meeting Discussion and QPI 11: 30/90-Day Mortality – Radiotherapy were met by all Boards, and therefore detailed graphs have not been included for these QPIs in the main report.

There are a number of actions required as a consequence of this assessment of performance against the agreed criteria.

Actions required:

QPI 2(i) - Quality of Transurethral Resection of Bladder Tumour Recording

- NHS Forth Valley to issue a reminder to surgeons to record the specific tumour size.
- NHSGGC to continue to monitor performance and reiterate the need to use the proforma for documentation of TURBT.

QPI 2(iii) - Quality of Transurethral Resection of Bladder Tumour Recording

- NHS Lanarkshire to clinically review all patients who fail this QPI and provide appropriate commentary with feedback to the non-consultant staff who perform resections.
- NHSGGC to carry out further clinical review of cases to determine if patient clinical factors were involved.
- MCN to consider proposing the modification of either the data set or the target of the QPI to better monitor performance in the upcoming formal review, taking into consideration expected practice in teaching hospitals.

QPI 4 (i) - Early Re-Transurethral Resection of Bladder Tumour

- NHS Forth Valley to provide update on Board plans to review theatre sessions to facilitate more timely procedures.
- MCN to consider whether a change should be proposed at Formal Review to take account of changes in clinical practice.

QPI 4 (i, ii iii) - Early Re-Transurethral Resection of Bladder Tumour

- NHS Lanarkshire to ensure patients for re-resection are being discussed at MDT meetings to agree on a date within 6 weeks and to ensure prompt arrangements by individual consultants.
- NHS Ayrshire & Arran Pathology department to improve their services by outsourcing and seeking support from other areas of the board.
- NHSGGC to optimise access to theatres as part of the overall recovery plan.

QPI 6 -Lymph Node Yield

- MCN to propose that the exclusion of cases with prior pelvic nodal excision is considered at the next QPI review.

QPI 8 - Volume of Cases per Surgeon/Centre

- NHSGGC to review SMRO1 figures to verify numbers of cases undertaken per surgeon, taking account of dual operating cases.
- NHS Lanarkshire to review to provide detailed feedback on outcome of data review.
- MCN to pursue national agreement on standard for crediting case numbers for surgeons operating on joint cases.
- Further consideration to be given to the re configuration and consolidation of cystectomy surgical provision across the region to ensure sufficient volume per surgeon/unit can be maintained. This will be progressed as part of the wider WoS regional workstreams around urology and robotics.

A summary of actions has been included within the Action Plan Report accompanying this report and templates have been provided to Boards.

Completed Action Plans should be returned to WoSCAN in a timely manner to allow the plans to be reviewed at the Regional Cancer Oversight Group.

Summary of Bladder QPI Results – 3 Years

Colour Key		Symbol Key	
	Above QPI target	**	Analysed by Board/hospital of surgery
	Below QPI target	^	Small numbers in some Boards - percentage comparisons over a single year should be viewed with caution

Summary of the QPI results for clinical audit data. A dash (-) denotes restricted data where the denominator is less than 5. An asterisk (*) denotes data where the denominator is zero.

Bladder MCN					
Year	AA	FV	GGC	LAN	WoSCAN
2021 - 22	114	70	353	142	679
2020 - 21	99	77	332	127	635
2019 - 20	115	91	337	157	700

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	LAN	WoSCAN
QPI 1 (i): Multi-Disciplinary Team Meeting Discussion: Proportion of patients with bladder cancer who are discussed at MDT meeting before definitive treatment. <i>(i) MIBC</i>	95%	2021- 22	100% (30/30)	100% (17/17)	96% (92/96)	100% (49/49)	98% (187/191)
		2020 - 21	100.0%	100.0%	99.0%	100.0%	99.5%
		2019 - 20	100.0%	100.0%	99.0%	95.2%	98.4%
QPI 1 (ii): Multi-Disciplinary Team Meeting Discussion: Proportion of patients with bladder cancer who are discussed at MDT meeting before definitive treatment. <i>(i) NMIBC</i>	95%	2021- 22	100% (83/83)	97% (37/38)	99% (245/247)	100% (88/88)	99% (452/455)
		2020 - 21	100.0%	89.1%	99.1%	100.0%	98.3%
		2019 - 20	100.0%	98.4%	95.7%	98.1%	97.5%
**QPI 2 (i): Quality of Transurethral Resection of Bladder Tumour: Proportion of patients with bladder cancer who undergo good quality TURBT. <i>(i) Use of a bladder diagram / detailed description with documentation of tumour location, size, number and appearance at initial resection.</i>	95%	2021- 22	96% (94/98)	92% (43/47)	92% (276/300)	95% (118/124)	93% (530/569)
		2020 - 21	95.2%	92.6%	81.3%	97.3%	88.2%
		2019 - 20	82.7%	91.3%	78.1%	88.1%	82.9%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	LAN	WoSCAN
**QPI 2 (ii): Quality of Transurethral Resection of Bladder Tumour: Proportion of patients with bladder cancer who undergo good quality TURBT. <i>(ii) Whether the resection is complete or not at initial resection</i>	95%	2021- 22	99% (85/86)	98% (44/45)	98% (268/275)	97% (113/116)	98% (510/522)
		2020 - 21	98.8%	94.4%	99.2%	100%	98.8%
		2019 - 20	88.8%	98.6%	99.6%	93.7%	96.2%
**QPI 2 (iii): Quality of Transurethral Resection of Bladder Tumour: Proportion of patients with bladder cancer who undergo good quality TURBT. <i>(iii) Whether detrusor muscle included in the specimen at initial resection.</i>	90%	2021 - 22	73% (22/30)	91% (19/21)	70% (73/104)	76% (25/33)	74% (139/188)
		2020 - 21	82.5%	86.8%	83.4%	76.7%	82.2%
		2019 - 20	71.6%	86.6%	78.9%	80.2%	78.9%
**QPI 4 (i): Early Re-Transurethral Resection of Bladder Tumour: Proportion of patients who have undergone TURBT with high grade and/ or T1 NMIBC, where detrusor muscle is absent from specimen or initial resection is incomplete, who have a second resection or early cystoscopy (± biopsy) within 6 weeks of initial TURBT. <i>(i) With T1 (all grades) or select high grade Ta NMIBC</i>	80%	2021 - 22	5% (1/20)	29% (5/17)	44% (40/90)	13% (4/30)	32% (50/157)
		2020 - 21	0.0%	53.8%	50.6%	17.1%	36.8%
		2019 - 20	9.7%	36.4%	40.9%	19.5%	30.2%
**QPI 4 (ii): Early Re-Transurethral Resection of Bladder Tumour: Proportion of patients who have undergone TURBT with high grade and/ or T1 NMIBC, where detrusor muscle is absent from specimen or initial resection is incomplete, who have a second resection or early cystoscopy (± biopsy) within 6 weeks of initial TURBT. <i>(ii) With high grade NMIBC where detrusor muscle is absent from specimen</i>	80%	2021 - 22	11% (1/9)	-	34% (11/32)	44% (4/9)	34% (18/53)
		2020 - 21	0.0%	20.0%	20.9%	0.0%	13.3%
		2019 - 20	8.3%	0.0%	21.3%	14.3%	15.0%
**QPI 4 (iii): Early Re-Transurethral Resection of Bladder Tumour: Proportion of patients who have undergone TURBT with high grade and/ or T1 NMIBC, where detrusor muscle is absent from specimen or initial resection is incomplete, who have a second resection or early cystoscopy (± biopsy) within 6 weeks of initial TURBT. <i>(iii) With NMIBC where initial resection is incomplete.</i>	80%	2021 - 22	0% (0/6)	-	42% (11/26)	30% (3/10)	35% (16/46)
		2020 - 21	0.0%	-	63.6%	46.2%	50.0%
		2019 - 20	-	-	33.3%	0.0%	31.8%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	LAN	WoSCAN
**QPI 6: Lymph Node Yield: Proportion of patients with bladder cancer who undergo primary radical cystectomy where ≥ 10 lymph nodes are resected and pathologically examined, and at least level 2 pelvic lymph node dissection (to the middle of the common iliac artery or level of the crossing of the ureter) has been undertaken.	95%	2021 - 22	47% (7/15)	*	89% (24/27)	100% (12/12)	80% (43/54)
		2020 - 21	87.5%	-	97.4%	100%	95.5%
		2019 - 20	-	100.0%	100.0%	81.8%	96.0%
QPI 8: Volume of Cases per Surgeon: Number of radical cystectomy procedures performed by a surgeon over a 1 year period (SMR01 data).	Min 10 per year	2021 - 22	1 MET 1 NOT MET	*	2 MET 3 NOT MET	3 MET	6 MET 4 NOT MET
		2020 - 21	1 MET	*	2 MET 5 NOT MET	1 MET 2 NOT MET	4 MET 8 NOT MET
		2019 - 20	1 MET	0 MET 2 NOT MET	2 MET 3 NOT MET	2 NOT MET	3 MET 7 NOT MET
QPI 9: Oncological Discussion: Proportion of patients with muscle invasive bladder cancer who had radical surgery who met with an oncologist prior to radical cystectomy	60%	2021 - 22	-	-	87% (13/15)	56% (5/9)	71% (20/28)
		2020 - 21	46.2%	-	73.1%	100%	69.4%
		2019 - 20	*	0.0%	56.3%	66.7%	48.1%
**QPI 11 – 30 Day Mortality - Surgery Proportion of patients with bladder cancer who die within 30 days of treatment with curative intent (radical cystectomy or radiotherapy) for bladder cancer.	<3%		0% (0/15)	*	4% (1/27)	0% (0/12)	2% (1/54)
		2020 - 21	6.3%	*	2.6%	0.0%	3.0%
		2019 - 20	-	0.0%	0.0%	0.0%	0.0%
QPI 11 – 30 Day Mortality - Radiotherapy Proportion of patients with bladder cancer who die within 30 days of treatment with curative intent (radical cystectomy or radiotherapy) for bladder cancer.	<3%	2021 - 22	-	0% (0/7)	0% (0/20)	0% (0/15)	0% (0/44)
		2020 - 21	0.0%	-	0.0%	0.0%	0.0%
		2019 - 20	0.0%	-	0.0%	0.0%	0.0%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	LAN	WoSCAN
**QPI 11 – 90 Day Mortality - Surgery Proportion of patients with bladder cancer who die within 30 days of treatment with curative intent (radical cystectomy or radiotherapy) for bladder cancer.	<5%	2021 - 22	7% (1/15)	*	8% (2/26)	0% (0/12)	6% (3/53)
		2020 - 21	6.3%	*	2.7%	0%	3.1%
		2019 - 20	0.0%	0.0%	0.0%	0.0%	0.0%
QPI 11 – 90 Day Mortality - Radiotherapy Proportion of patients with bladder cancer who die within 30 days of treatment with curative intent (radical cystectomy or radiotherapy) for bladder cancer.	<5%	2021 - 22	-	0% (0/7)	0% (0/19)	0% (0/13)	0% (0/40)
		2020 - 21	0.0%	-	0.0%	0.0%	0.0%
		2019 - 20	0.0%	-	2.9%	0.0%	1.6%

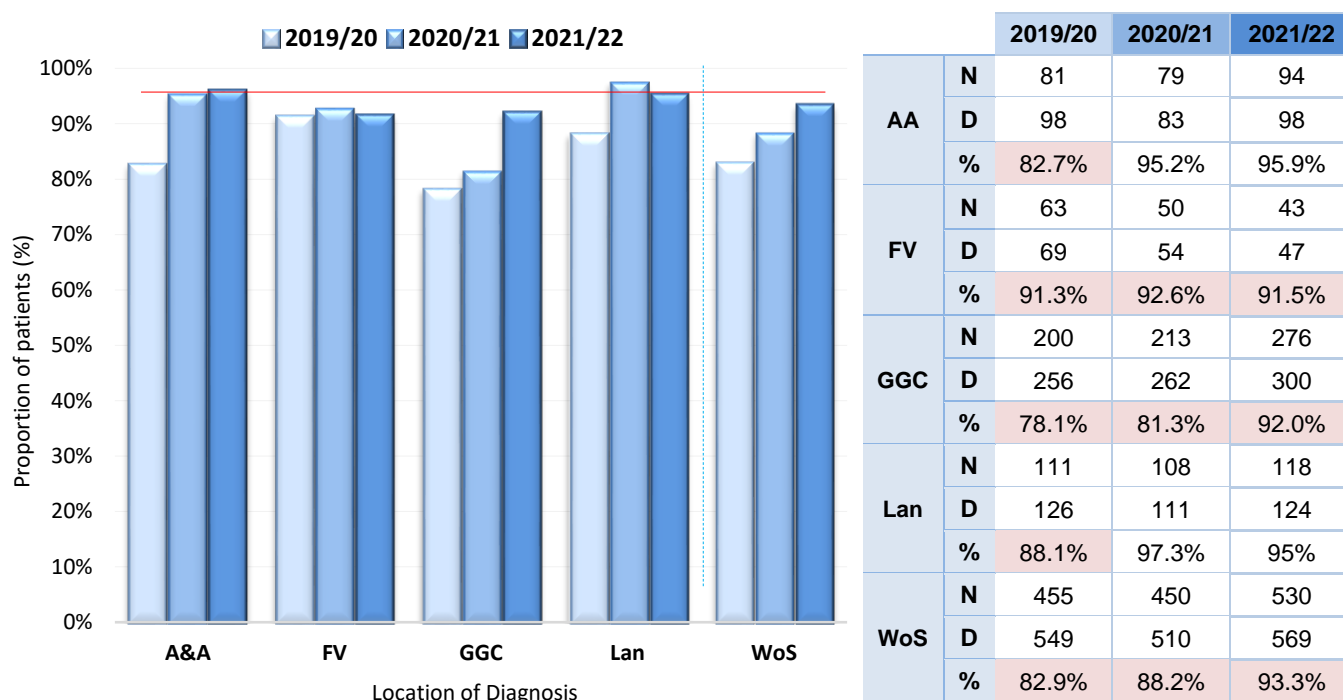
** QPI analysed by Location of Surgery

QPI 2: Quality of Transurethral Resection of Bladder Tumour Recording

(i) Use of a bladder diagram with documentation of tumour location, size, number and appearance

Numerator:	Number of patients with bladder cancer who undergo TURBT where a bladder diagram / detailed description with documentation of tumour location, size, number and appearance has been used at initial resection.
Denominator:	All patients with bladder cancer who undergo TURBT.
Exclusions:	Patients undergoing palliative resection.
Target:	95%

Fig 1: The proportion of patients with bladder cancer who undergo TURBT with a bladder diagram / detailed description was used at initial resection from 2019/20 – 2021/22.



NHS Forth Valley reported that incomplete information was recorded during TURBT for 4 cases, with size field not recorded specifically for 3 cases and location for one case. The Board noted that, there were ongoing issues with the TURBT proforma not appearing on the OPERA system, leading to recording errors, and a reminder was issued to record specific tumour size.

NHSGGC reviewed all cases not meeting the QPI and commented that performance has improved in all sectors, especially in Clyde, but still remains below target overall. However, 24 records omitted one or more key details such as bladder diagram, tumour appearance, tumour size, or number of tumours, with varying degrees of omission.

Action required:

- NHS Forth Valley to issue a reminder to surgeons to record the specific tumour size.
- NHS GGC to continue to monitor performance and reiterate the need to use the proforma for documentation of TURBT.

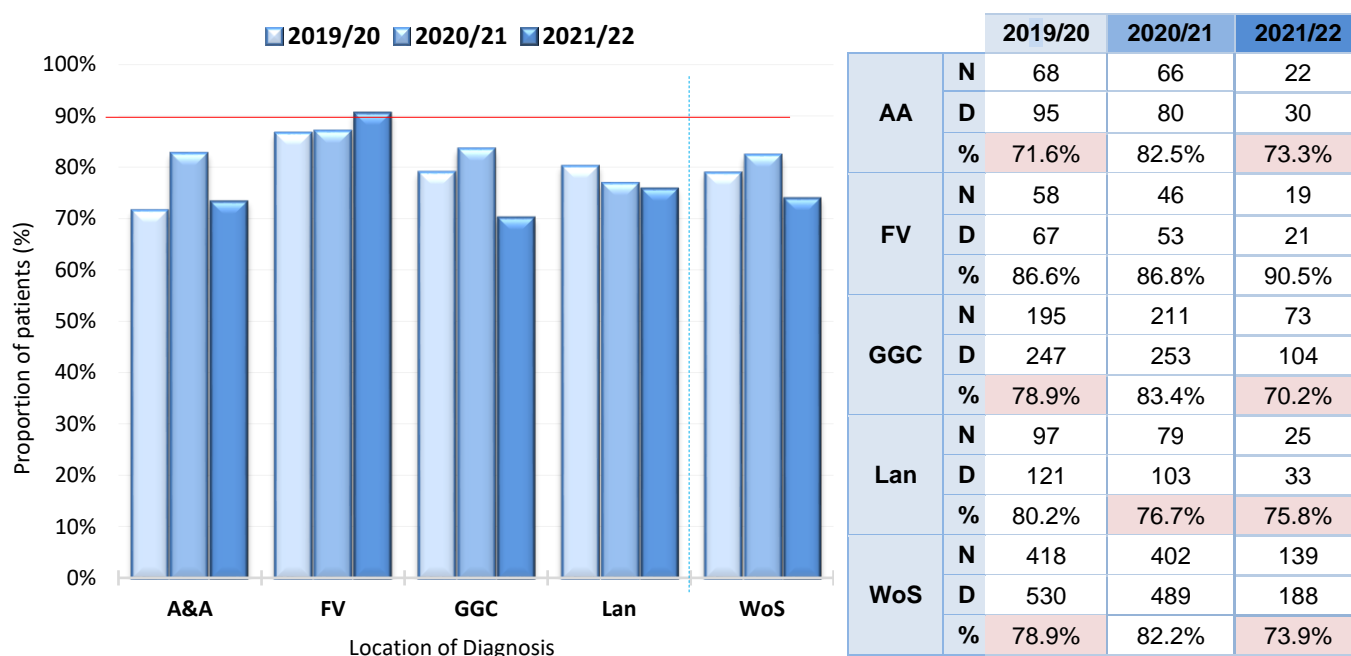
(ii) Documented whether complete resection or not

All Boards met the target for this QPI.

(iii) Detrusor muscle included in the specimen at initial resection

Numerator:	Number of patients with high grade NMIBC who undergo TURBT where detrusor muscle is included in the specimen at initial resection.
Denominator:	All patients with high grade NMIBC who undergo TURBT.
Exclusions:	Patients undergoing palliative resection; Patients with very small tumours ($\leq 5\text{mm}$); Patients with bladder diverticular tumours.
Target:	90%

Fig 2: The proportion of patients with high grade NMIBC who undergo TURBT where detrusor muscle was included in the specimen at initial resection in 2019/20 – 2021/22.



NHS Ayrshire & Arran commented that out of eight patients who failed to meet the QPI criteria, five went on to have re-TURBT, two received alternative treatment and the final patient refused further treatment. The Board also noted that QPIs were disseminated to the entire team to raise awareness.

After reviewing the cases, NHS GGC observed that detrusor muscle was absent in 31 cases, and there was a decline in overall performance in all sectors as compared to the previous year. The decline was more significant in Clyde, where it dropped from 82% to 38%, although the number of cases reviewed in Clyde was relatively small (n=21).

NHS Lanarkshire clinically reviewed 8 cases and found no detrusor muscle was sampled during the initial TURBT. Seven out of eight TURBTs were performed by non-consultant staff, which is the expected practice in a teaching hospital. The Board acknowledged that patients failing the QPI will be clinically reviewed, and non-consultant staff performing resections will receive feedback and appropriate commentary.

Action required:

- NHS Lanarkshire to clinically review all patients who fail this QPI and provide appropriate commentary with feedback to the non-consultant staff who perform resections.
- NHS GGC to carry out further clinical review of cases to determine if patient clinical factors were involved.
- MCN to consider proposing the modification of either the data set or the target of the QPI to better monitor performance in the upcoming formal review, taking into consideration expected practice in teaching hospitals.

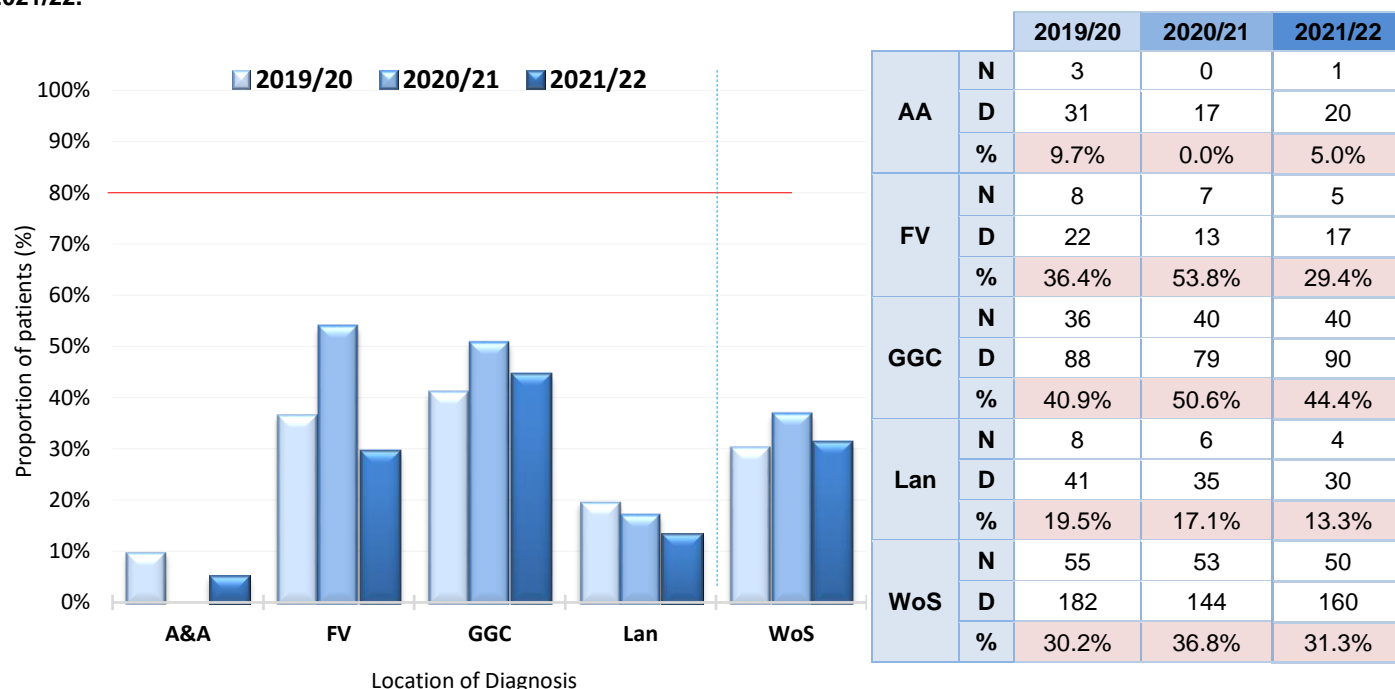
QPI 4: Early Re-Transurethral Resection of Bladder Tumour (TURBT)

(i) T1 (all grades) or select high grade Ta* NMIBC

Numerator:	Number of patients with T1 (all grades) or select high grade Ta* NMIBC who have undergone TURBT who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial resection.
Denominator:	All patients with T1 (all grades) or select high grade Ta* NMIBC who have undergone TURBT.
Exclusions:	Patients where TURBT has been carried out for palliation; Patients who have undergone early cystectomy; Patients with confirmed metastatic disease.
Target:	80%

*High grade Ta which are multifocal (more than 1) or large (>3cm)

Fig 3: The proportion of patients with T1 (all grades) or select high grade Ta* NMIBC who have undergone TURBT who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial resection, 2019/20 – 2021/22.



NHS Ayrshire & Arran stated that most of the patients did not have re-TURBT within the 6-week timeframe due to delays in pathology reporting. A few patients were unfit for re-TURBT or declined further treatment. They noted that the Pathology Department is exploring outsourcing and support to improve the service.

Upon reviewing the cases, NHS Forth Valley observed that 6 patients had no identifiable cause for their delay. For the remaining cases, failure to meet the QPI was attributed to reasons such as patient fitness, patient choice, and delays due to public holidays. The Board also noted that the COVID-related reduction in theatre sessions has led to delays in procedures and that the pre-COVID capacity has not been restored. They are waiting for more information from Board management regarding the request to revert back to previous theatre sessions.

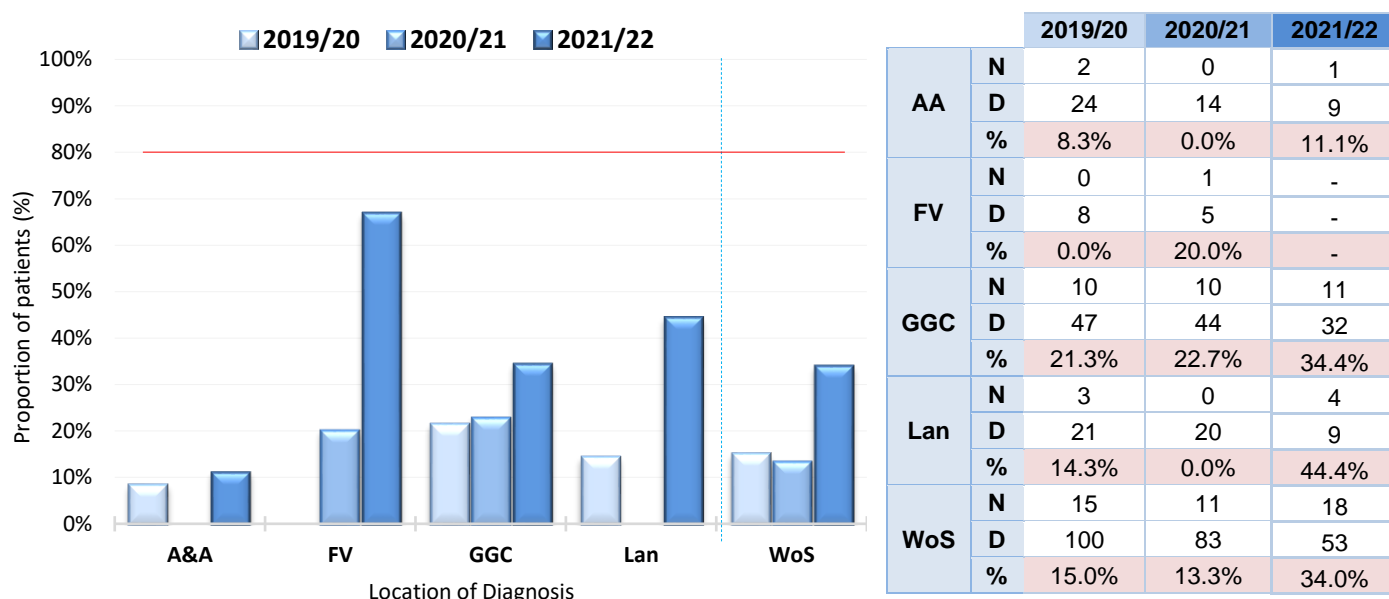
NHSGGC commented that there has been a slight improvement in performance compared to last year, but it still falls below the pre-COVID figures of 2019/20. Out of the 50 cases that didn't meet the target, 6 did not have re-resection, while the others had various reasons for delay or alternative treatments. There is also a prioritization of newly diagnosed patients requiring initial TURBT due to reduced access to theatres. Furthermore, NHSGGC recommend modifying the QPI in the next review to accommodate patients with solitary G3 pTa tumours. This adjustment is necessary due to a recent change in clinical practice where these patients now receive intravesical therapy prior to re-resection.

NHS Lanarkshire reviewed cases that failed to meet the 6-week target. Five patients had re-resection outside of this target. Three patients had higher grade disease and received radiotherapy or surgery, while two were unable to have re-resection due to co-morbidities. The majority of patients received BCG/MMC treatment and check cystoscopy. The Board noted that the plan is to discuss the patients who are for re-resection at the MDT and agree on a 6-week date for the procedure. The individual consultant will then arrange the date promptly.

(ii) High grade NMIBC where detrusor muscle absent from specimen

Numerator:	Number of patients with high grade NMIBC who have undergone TURBT where detrusor muscle is absent from specimen who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial resection.
Denominator:	All patients with high grade NMIBC who have undergone TURBT where detrusor muscle is absent from specimen.
Exclusions:	Patients where TURBT has been carried out for palliation; Patients who have undergone early cystectomy; Patients with confirmed metastatic disease.
Target:	80%

Fig 4: The proportion of patients with high grade NMIBC who have undergone TURBT where detrusor muscle absent from specimen who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial resection in 2019/20 – 2021/22.



NHS Ayrshire & Arran reviewed the failed cases and reported that 8 patients missed the target, with 3 being unfit or choosing different treatments. Delayed pathology reporting was a major factor in the remaining cases. The Pathology department is exploring outsourcing and other board area support to enhance the services.

NHS Forth Valley reviewed the failed cases and provided explanations, detailing that the six week target was narrowly missed by 2 days.

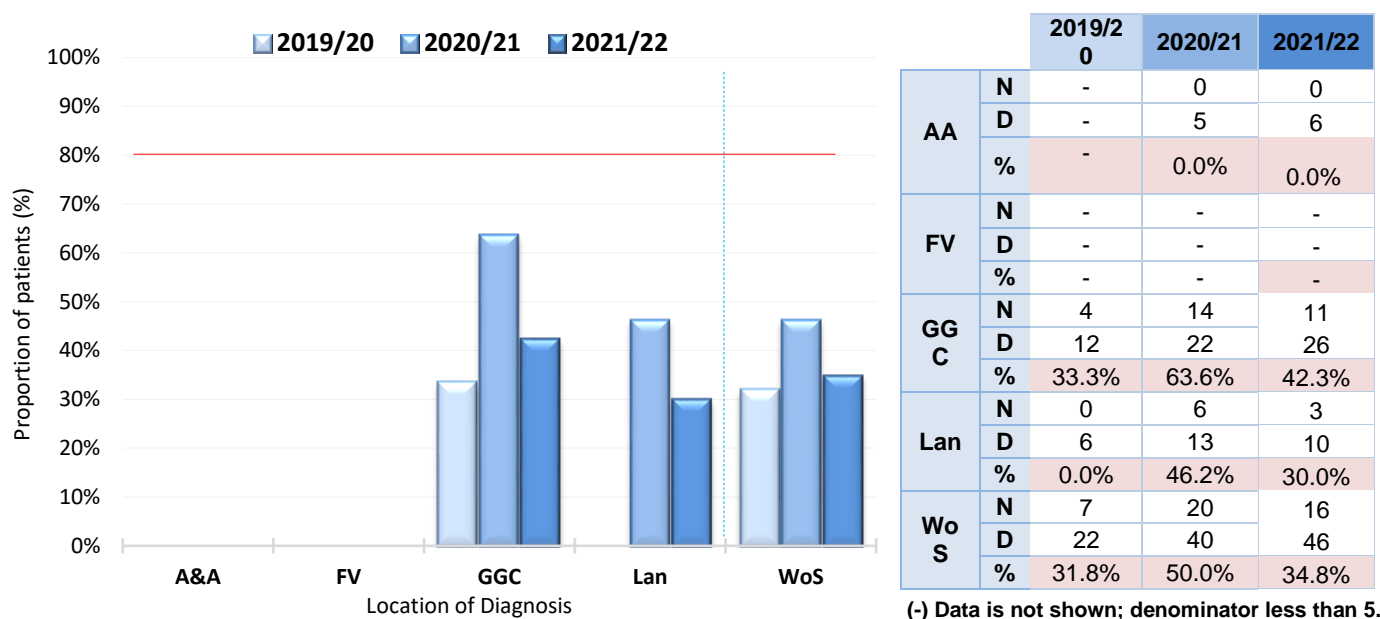
NHSGGC commented that performance has improved compared to last year, but the re-resection target level is still not met. Out of 21 cases, three had no re-resection due to clinical reasons or fitness, while the remaining 18 had delayed re-resection due to various factors including comorbidities and patient choice. Newly diagnosed patients requiring initial TURBT are prioritised due to reduced theatre access.

NHS Lanarkshire reviewed cases that failed to meet the 6-week target. Two patients had re-resection outside of this target, while the remaining three were given palliative treatment such as radiation therapy or chemotherapy, or were administered MMC followed by check scope. Also the comments provided by the Board reflected the points provided for 4(i).

(iii) NMIBC where initial resection is incomplete

Numerator:	Number of patients with NMIBC who have undergone TURBT where initial resection is incomplete who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial resection.
Denominator:	All patients with NMIBC who have undergone TURBT where initial resection is incomplete.
Exclusions:	Patients where TURBT has been carried out for palliation; Patients who have undergone early cystectomy; Patients with confirmed metastatic disease.
Target:	80%

Fig 5: The proportion of patients with NMIBC who have undergone TURBT where initial resection is incomplete who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial resection in 2019/20 – 2021/22.



It should be noted that numbers are small and this can have a greater effect on proportions.

NHS Ayrshire & Arran commented that 6 patients did not meet the target due to reasons similar to those mentioned in QPI 4(i) and (ii). It also stated that Pathology is considering options to support service including outsourcing and support from other board areas

NHS Forth Valley provided explanation for why the target was not met and the comments provided reflected the points provided for 4(i).

NHSGGC commented that among the 15 cases that didn't meet the re-resection target, 5 were not performed due to clinical reasons, patient declined or death, while 10 were delayed due to various factors. Prioritization of newly diagnosed TURBT patients is implemented due to reduced theatre access.

NHS Lanarkshire clinically reviewed the seven cases and stated that two patients underwent re-resection after the 6-week deadline, while three patients had BCG followed by check scope. The other patients were either deemed unfit for the procedure or did not require re-resection. The comments made by the Board aligned with the points outlined in section 4(i).

All the NHS Boards failed to achieve the 80% target for all three parts of this QPI.

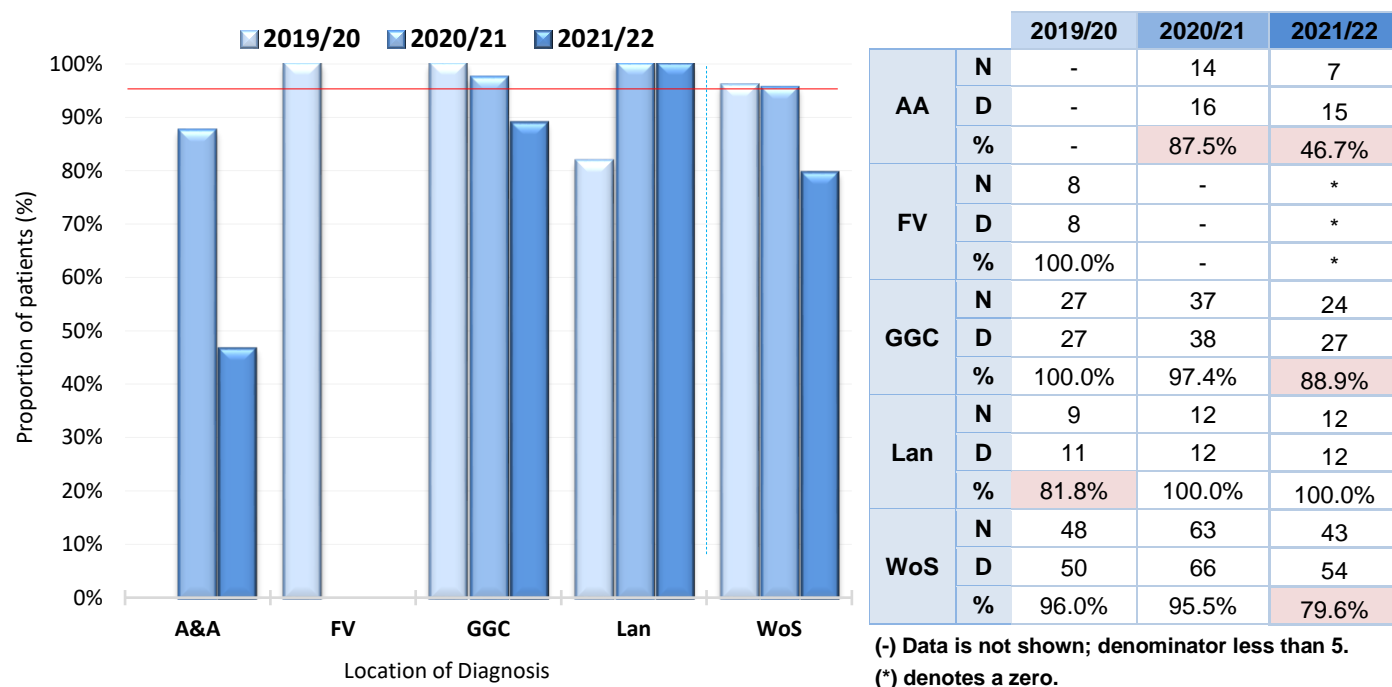
Action Required:

- QPI 4 (i):
 - NHS Forth Valley to provide update on Board plans to review theatre sessions to facilitate more timely procedures.
 - MCN to consider whether a change should be proposed at Formal Review to take account of changes in clinical practice.
- QPI 4 (i, ii iii):
 - NHS Lanarkshire to ensure patients for re-resection are being discussed at MDT meetings to agree on a date within 6 weeks and to ensure prompt arrangements by individual consultants.
- QPI 4 (i, ii iii):
 - NHS Ayrshire & Arran Pathology department to improve their services by outsourcing and seeking support from other areas of the board.
- QPI 4 (i, ii iii):
 - NHSGGC to optimise access to theatres as part of the overall COVID surgical recovery plan.

QPI 6: Lymph Node Yield

Description:	Proportion of patients with bladder cancer who undergo primary radical cystectomy where ≥ 10 lymph nodes are resected and pathologically examined, and at least level 2 pelvic lymph node dissection (to the middle of the common iliac artery or level of the crossing of the ureter) has been undertaken.
Numerator:	Number of patients with bladder cancer who undergo primary radical cystectomy where ≥ 10 lymph nodes are resected and pathologically examined, and at least level 2 pelvic lymph node dissection (i.e. to the middle of the common iliac artery or level of the crossing of the ureter) has been undertaken.
Denominator:	All patients with bladder cancer who undergo primary radical cystectomy.
Exclusions:	Patients undergoing salvage cystectomy.
Target:	95%

Fig 6: The proportion of patients with bladder cancer who undergo primary radical cystectomy where at least level 2 pelvic lymph node dissection (to the middle of the common iliac artery or level of the crossing of the ureter) has been undertaken in 2019/20 – 2021/22.



NHS Ayrshire & Arran commented that 8 patients had less than 10 lymph nodes sampled during cystectomy. They also added that surgeons have modified the pathological processing of specimens, which is expected to increase node yield.

After reviewing the cases, NHS GGC provided clinical reasons for 3 cases that did not meet the target.

Action Required:

- MCN to propose that the exclusion of cases with prior pelvic nodal excision is considered at the next QPI review.

QPI 8: Volume of Cases per Surgeon/Centre

Description:	Number of radical cystectomy procedures performed by a specialist centre, and surgeon over a one year period.
Exclusions:	None.
Target:	Minimum of 20 procedures per centre in a one year period. Minimum of 10 procedures per surgeon in a one year period.

Please note this QPI is reported using SMR01 data instead of clinical audit data.

Table 1: The number of patients undergoing radical cystectomy in each NHS Board and the total number of surgeons recorded as having carried out procedures in each Board in 2020/21.

	No. of Operating Surgeons	No. of Procedures	No. of Surgeons Meeting Target
AA	2	21	1
FV	0	0	0
*GGC	5	44	2
*Lan	3	21	3
WoS	10	86	6

**Board adjusted results*

There are a number of known coding issues with the SMR01 data used to calculate performance for this QPI. Boards have reviewed the data alongside local surgical data to provide an updated position on performance.

NHS Ayrshire & Arran stated that the surgeon that didn't meet the target was the second operating surgeon on the majority of cases.

NHS GGC noted that among the surgeons who did not meet the target, 2 surgeons performed 8 procedures each, while one surgeon performed 4. The Board added that data would be reviewed further as it is likely that there were dual operating cases in this patient cohort that have been attributed to a single surgeon. The Board commented that the decrease in the number of cystectomies may necessitate a review of the number of operating surgeons in order to address future requirements effectively.

NHS Lanarkshire commented that Lanarkshire surgeons were performing procedures on Forth Valley and Lanarkshire patients during this audit period. Data from the local Urology Service indicate that 3 pelvic surgeons performed a total of 21 cases during this reporting period, often with 2 or 3 surgeons involved in each procedure. The Board confirmed that all 3 surgeons therefore operated on more than 10 cases each. NHS Lanarkshire has introduced robotic cystectomy along with open cases and going forward it is anticipated that surgeons will perform approximately 40 procedures annually, including those from NHS Forth Valley. The Board will review the audit data, compare it to SMR01, and share their findings.

Action required:

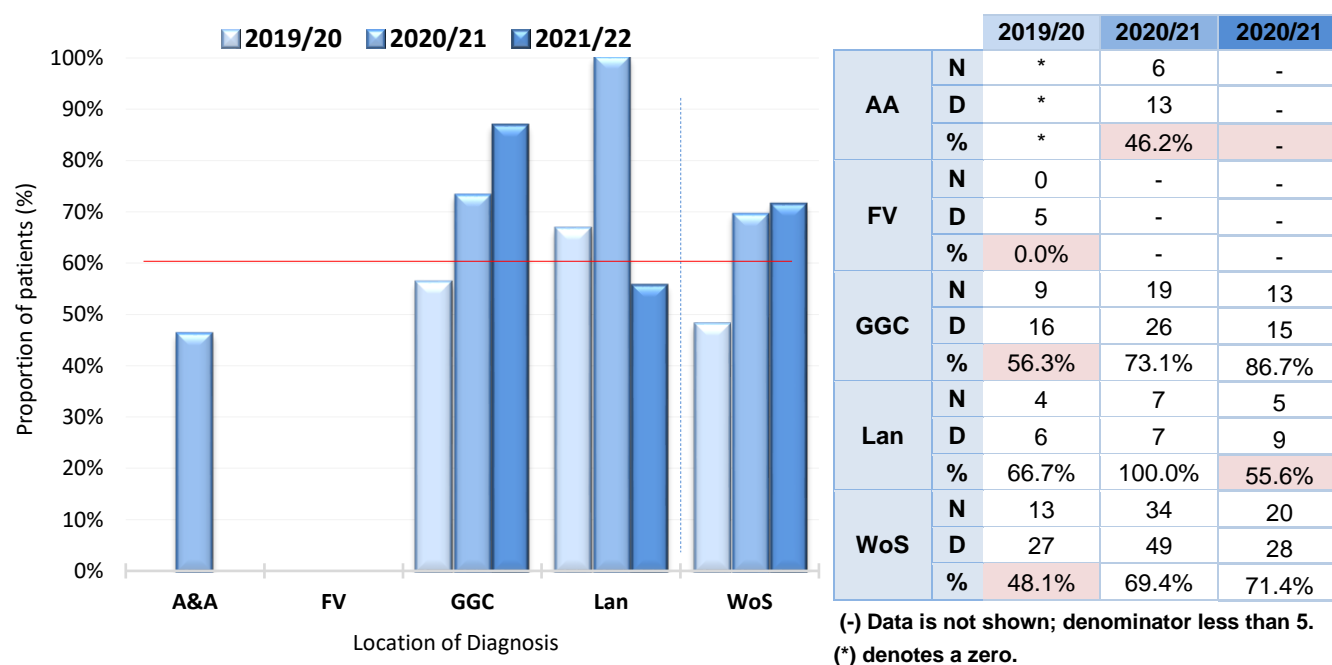
- NHS GGC to review SMRO1 figures to verify numbers of cases undertaken per surgeon, taking account of dual operating cases.
- NHS Lanarkshire to review to provide detailed feedback on outcome of data review.

- MCN to pursue national agreement on standard for crediting case numbers for surgeons operating on joint cases.
- Further consideration to be given to the re configuration and consolidation of cystectomy surgical provision across the region to ensure sufficient volume per surgeon/unit can be maintained. This will be progressed as part of the wider WoS regional workstreams around urology and robotics.

QPI 9: Oncological Discussion

Description:	Proportion of patients with MIBC who have radical surgery who met with an oncologist prior to radical cystectomy.
Numerator:	Number of patients with MIBC who undergo cystectomy who met with an oncologist prior to radical cystectomy.
Denominator:	All patients with MIBC who undergo radical cystectomy.
Exclusions:	None.
Target:	60%

Fig 7: The proportion of patients with MIBC who have radical surgery who met with an oncologist prior to radical cystectomy from 2019/20 – 2021/22.



Small denominator numbers impacted upon the attainment percentages for this measure.

After reviewing the cases, NHS Ayrshire & Arran and NHS Lanarkshire attributed their failure to meet the target to clinical reasons and patient preference. Additionally NHS Lanarkshire noted that the Clinical team consulted oncology during the MDT meeting, concluding that face-to-face consultations were not required if neo-adjuvant treatments are approved, due to capacity constraints in oncology clinics.

QPI 11: 30/90-Day Mortality after Treatment for Bladder Cancer

(i) 30/90-Day Mortality – Surgery (Radical Cystectomy)

Numerator:	Number of patients with bladder cancer who receive treatment with curative intent (radical cystectomy) that die within 30/90 days of treatment.
Denominator:	All patients with bladder cancer who receive treatment with curative intent (radical cystectomy).
Exclusions:	None.
Target:	(i) 30 days <3% (ii) 90 days <5%

Table 2: The proportion of patients with bladder cancer who receive treatment with curative intent (radical cystectomy) that die within 30 or 90 days of treatment from in 2019/20 – 2021/22.

		Surgery – Radical Cystectomy					
		30 Day mortality			90 Day mortality		
		2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
AA	N	-	1	0	-	1	1
	D	-	16	15	-	16	15
	%	-	6.3%	0.0%	-	6.3%	6.7%
FV	N	0	*	*	0	*	*
	D	8	*	*	8	*	*
	%	0.0%	*	*	0.0%	*	*
GGC	N	0	1	1	0	1	2
	D	27	38	27	27	37	26
	%	0.0%	2.6%	3.7%	0.0%	2.7%	7.7%
Lan	N	0	0	0	0	0	0
	D	11	12	12	11	12	12
	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WoS	N	0	2	1	0	2	3
	D	50	66	54	50	65	53
	%	0.0%	3.0%	1.9%	0.0%	3.1%	5.7%

(-) Data is not shown; denominator less than 5. (*) denotes a zero.

The mortality rates within the WoS for patients who underwent surgical treatment with curative intent were 1.9% at 30 days and 5.7% at 90 days.

NHS Ayrshire & Arran provided detailed clinical details for the single death within 90 days of surgery.

NHSGGC provided detailed clinical feedback on two cases that did not meet the target, and both cases will be reviewed at the Board M&M meeting. The Board also commented that individual consultants will review cases and ensure they are discussed at the M&M meeting. NHSGGC internal review concluded that when the number of procedures carried out within the year is taken into consideration, rather than restricting the denominator to those diagnosed within the audit period, the mortality rate is found to be within the target level, with 1 death in 44 cases at 30 days and 2 deaths in 44 cases at 90 days.

NHSGGC clarified that the reason for QPI 8, Volume of cases per surgeon, having a higher figure compared to the denominator of QPI 11 is due to prior year diagnoses and some radical cystectomies being performed for non-cancerous or non-urolological cancer conditions being included within the

denominator for QPI 8. QPI 8 is based on procedures carried out within a given year, whereas QPI 11 relates to procedures carried out on patients diagnosed within a specific year. Therefore the denominators are not directly comparable. MCN will continue to monitor mortality rates over the coming year.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Bladder Cancer Quality Performance Indicators					
Time Period	Patients diagnosed between 1st April 2021 and 31st March 2022					
QPI Version	Bladder Cancer QPIs V4.0 (April 22) Cancer Quality Performance Indicators (QPIs) (healthcareimprovementscotland.org)					
Data extraction date	2200 hrs on 30 th January 2023					
Data Quality		Ayrshire & Arran	Forth Valley	GGC	Lanarkshire	WoS
	Cases from audit	114	70	353	141	678
	Cases from ISD (2003-2007)*	123	99	374	143	739
	Case ascertainment	92.7%	70.7%	94.4%	98.6%	91.7%

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