## Audit tool

This tool can be used to undertake a baseline audit of services being delivered and whether sufficient capacity is in place to routinely deliver, identify areas for improvement, select measurements for improvement, and conduct re-audits as part of continuous improvement.

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| **Day** | **Bladder pathway step** | **Service change?** | **Capacity in place?** |
| 0 | Primary referral and locally agreed minimum dataset |   |  |
| Patient information resources provided by primary care, co-developed with patients |  |  |
| 10 | Clinically led triage and national protocols to reduce delays |   |  |
| Patient information provided in consultation in OPA / one-stop clinic |  |  |
| Straight to one-stop clinic provision for all eligible patients |   |  |
| Bladder ultrasound +/- CT Urography (if tumour detected) |  |  |
| Flexible cystoscopy in one-stop setting |  |  |
| 20 | TURBT / Bladder Biopsy should be carried out to nationally agreed service specifications and reported within 7 calendar days |   |  |
| Ureterorenoscopy / Biopsy, if required, should be carried out and reported to nationally agreed service specifications within 7 calendar days |  |  |
| Additional imaging (PET-CT / MRI or bone scan for mets) if required  |  |  |
|  28 | Local MDT for review and planning of potential treatment options, with alternative treatment options pre-agreed based on potential outcome of further tests |  |  |
| Specialist MDT (if required)  |   |  |
| Treatment options discussed at multi-disciplinary outpatient / specialist clinic |  |  |

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| **Day** | **Penile pathway step** | **Service change?** | **Capacity in place?** |
| 0 | Primary Care referral and locally agreed minimum dataset |   |  |
| Patient information resources provided by primary care, co-developed with patients |  |  |
| 14 | Clinically led triage and national protocols to reduce delays |   |  |
| Patient information provided in consultation in OPA / one-stop clinic |  |  |
| Straight to one-stop clinic provision for all eligible patients |   |  |
| CT dedicated all tumour cancer slots from clinical triage, and / or follow-up from one-stop clinic investigations |  |  |
| LA Biopsy provision in on-stop clinic, with histopathology results taken during procedures should generally be reported within 7 calendar days |  |  |
| 18 | GA biopsy should be carried out to nationally agreed service specifications and reported within 7 calendar days |   |  |
| Supra-regional MDT (if required) and booking of further investigations |  |  |
| US guided FNAC / Biopsy (if not already performed) |  |  |
| 25 | Local MDT for review and planning of potential treatment options, with alternative treatment options pre-agreed based on potential outcome of further tests with supra regional MDT. |  |  |
| CT dedicated all tumour cancer slots and US guided FNAC |  |  |
|  28 | Specialist MDT (if required)  |   |  |
| Treatment options discussed at multi-disciplinary outpatient clinic |  |  |

| **Day** | **Renal pathway step** | **Service change?** | **Capacity in place?** |
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| 0 | Primary Care referral and locally agreed minimum dataset |   |  |
| Patient information resources provided by primary care, co-developed with patients |  |  |
| 10 | Clinically led triage and national protocols to reduce delays |   |  |
| Patient information provided in consultation in OPA / one-stop clinic |  |  |
| Straight to one-stop clinic provision for all eligible patients |   |  |
| Renal ultrasound & CT |  |  |
| Flexible cystoscopy appropriate for one-stop setting |  |  |
| 20 | Local MDT for review and planning of potential treatment options, with alternative treatment options pre-agreed based on potential outcome of further tests |   |  |
| Referral to Specialist MDT (if required) |  |  |
| Offer of renal tumour biopsy to all patients with small renal mass |  |  |
| Additional imaging if required |   |  |
| 28 | Treatment options discussed at multi-disciplinary outpatient clinic |  |  |

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| **Day** | **Testicular Pathway step** | **Service change?** | **Capacity in place?** |
| 0 | Primary Care referral and locally agreed minimum dataset |   |  |
| Patient information resources provided by primary care, co-developed with patients |  |  |
| 7 | Clinically led triage and local protocols to reduce delays |   |  |
| Patient information provided in consultation in OPA / one-stop clinic |  |  |
| Straight to one-stop clinic provision for all eligible patients |   |  |
| Ultrasound and CT dedicated all tumour cancer slots from clinical triage, and / or follow-up from one-stop clinic investigations |  |  |
| Histopathology results taken during procedures should generally be reported within 7 calendar days |  |  |
| 14 | Treatment options discussed at multi-disciplinary outpatient clinic |  |  |
| 21 | Referral to Supra-regional MDT (if required) |  |  |