

GIRFT Data

*Cystectomy Data

- GIRFT identified significant delay
 - 184 days from referral to cystectomy
 - 151 days from TURBT to Cystectomy
- Last 50 cystectomy patients
 - Does include Mat leave and Sick leave
 - Perceived that despite this priority made for cystectomy patients
 - Large percentage of T2 disease receive 3 or 4 rounds of NAC
 - Local patients and tertiary referrals

In House data

- Referral to flexi-all within 14 days
- Flexi to TURBT- Median 20 days (3-66)
- TURBT to cMDT- median 18days (13-30)
- MDT to commencement of NAC 8-62 days
- Surgery from start of Chemo-no significant delays as date pencilled in
- Suregry for T1 disease All treated within the 31 days

Tertiary referral

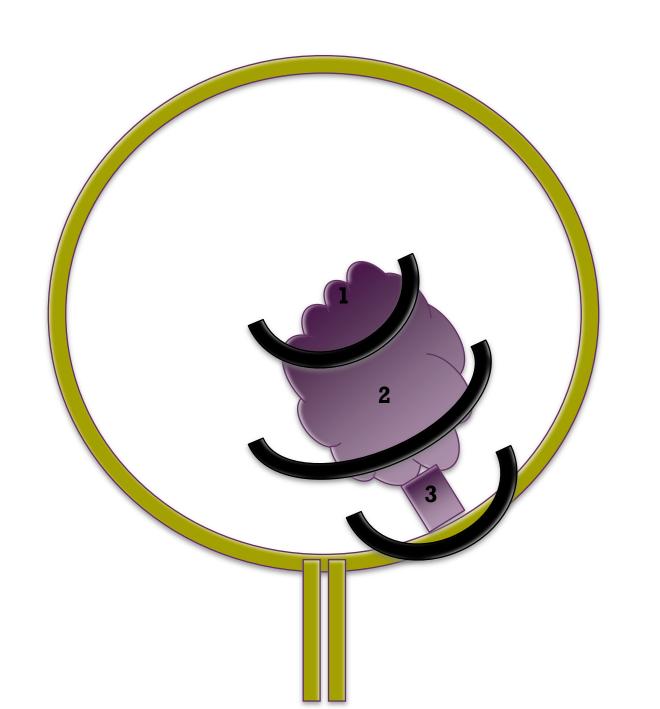
- TURBT to cMDT median 27 days (20-76)
 - Several cases no data, information taken from ITR
- cMDT to surgeon at RDE at worst 21 days but most seen before from ITR sent through, if T2 often already commenced chemo
- Surgery no delay if Chemo
- 2x2 week delays at patients request

+ Delays

- Time to TURBT is significantly long at all centres
 - In line with the PenCHORD data
- Time to discussion at MDT is a challenge
 - Referral from tertiary centres already has a 10 day dely
 - Our own patients at best are through in 14 days
- Slots for OPA with oncology are a challenge



- Leave 1SHC with date for TURBT within 7-10 days
- Startifying risk
 - High risk, likely to need radical treatment-ECW/BAP/JYM
 - Dedicated list for "hot" consultant to do
- Amending specimen handling



Solutions for RDE

- Leave 1SHC with date for TURBT within 7-10 days
- Startifying risk
 - High risk, likely to need radical treatment-ECW/BAP/JYM
 - Dedicated list for "hot" consultant to do
- Amending specimen handling
- Improved pathway to Oncology
 - JOC
 - Increase consultant numbers



Solutions for Tertiary referrals

- Improve timings for cMDT
- Sharing of path expertise
- Faster referral to RDE
 - Planning of lists
 - Allocating OPA
 - CNS to CNS