NHS England

GIRFT
GETTING IT RIGHT FIRST TIME

GIRFT urology bladder cancer pathway: an impact assessment of GIRFT resources and interventions

Specialty: Urology

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Background

About the GIRFT programme

Getting It Right First Time (GIRFT) is a national programme designed to improve treatment and care by reviewing health services. It undertakes clinically led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

Working to the principle that a patient should expect to receive equally timely and effective investigations, treatment, and outcomes wherever care is delivered, irrespective of who delivers that care, GIRFT aims to identify approaches from across the NHS that improve outcomes and patient experience, without the need for radical change or additional investment. While the gains for each patient or procedure may appear marginal, they can, when accumulated across an entire trust – and even more so across the NHS as a whole – deliver substantial benefits.

GIRFT is part of an aligned set of workstreams within NHS England.

The programme has the backing of the Royal Colleges and professional associations and has a significant presence on the Model Health System portal, with its data-rich approach providing the evidence for hospitals to benchmark against expected standards of service and efficiency. The programme also works with a number of wider NHS programmes and initiatives which are seeking to improve standards while delivering savings and efficiencies.

The GIRFT model has now been applied in more than 50 different areas of clinical practice. It consists of five key strands:

- Data Gathering – a broad data gathering and analysis exercise, generating a detailed picture of current national practice and outcomes.
- Peer Reviews – direct clinical engagement via visits or virtual meetings between clinical leads and trust teams; an opportunity to examine trust behaviour in the context of the national picture, enabling teams to understand where they are performing well and what they can do better.
- National Report and Academy resources – production of national reports that draw on data analysis and discussions with provider teams to identify opportunities for improvement, locally, regionally and nationally, alongside clinical resources such as best practice pathways and clinical guidance.

- Support to deliver – the implementation phase where the GIRFT team supports trusts, commissioners and integrated care systems to deliver improvements.
- Research & Development – GIRFT fellowships support resident doctors, nurses and allied health professionals to develop their research and clinical improvement skills, delivering research projects and GIRFT identified improvements in their host provider, system or region.

GIRFT and a Greener NHS

Climate change is one of the greatest health threats and opportunities of the 21st century. The NHS is acting now to mitigate and adapt to this threat in order to protect the health of current and future generations. Doing so will not only protect the environment but will also bring many health, social and financial benefits. As the largest employer in the UK, contributing 4.6% of national emissions, the NHS is both part of the challenge and the solution.

Through its endeavour to improve the quality of care within the NHS by reducing unwarranted variation, GIRFT can play an important role in reducing the carbon emissions associated with care delivery. Through the GIRFT model, there is the opportunity to identify changes that will help reduce the NHS carbon footprint and therefore improve patient care now and in the future.

Purpose

The purpose of this document is to briefly assess the impact of GIRFT Academy resources, products and interventions on the day case rate and clinical safety and efficiency of transurethral resection of bladder tumour (TURBT), which are key GIRFT metrics for the urology bladder cancer pathway.

Target audience

The intended audience for this impact assessment is anyone working in the NHS and in the Department for Health and Social Care (DHSC) who is interested in understanding how GIRFT Academy resources and products contribute to better health care and a reduction in unwarranted variation of care across the NHS in England.

Background

TURBT is one of the most common procedures performed by urologists, with around 25,000 procedures performed annually. Although in many trusts in England most patients will have TURBT surgery as a day case procedure, some trusts have very low day case rates, potentially representing an inefficient use of resources and sub-optimal care for patients. Unpublished health economic analysis suggests that £13.1m could be saved annually if more trusts were to achieve at least 80% of TURBT's as day case procedures. Preliminary findings from interviews with TURBT patients suggest that day case surgery is acceptable, provided patients are informed about the benefits and risks, and are provided with clear information on discharge process and follow up care. Greater use of day case pathways also frees up ward beds, creating opportunities to reduce the need for 'corridor care' and helping patient flow across hospitals.

Methodology

Assessment design

This was an exploratory analysis of information obtained from Model Health System, the GIRFT Academy resource repository and administrative data from the UK Hospital Episode Statistics (HES) database. The HES database is collected by NHS England and includes data for NHS hospital activity in England. It provides the underlying data source for Model Health System.

Data extraction

Key GIRFT metrics

For this assessment, we were interested in the day case rate and clinical safety and efficiency of TURBT. These are GIRFT's key metrics for this clinical area. The metrics are defined on Model Health System as:

- day case rate for TURBT;
- emergency readmission within 30 days following TURBT; and
- average LoS for TURBT (a function of day case rate).

GIRFT Academy products

We identified relevant GIRFT Academy products and resources published between July 2018 and July 2023:

- GIRFT national report for urology (July 2018)[1]
- Towards better care for patients with bladder cancer - a practical guide to improving bladder cancer management (January 2022)[2]
- Maidstone and Tunbridge Wells NHSFT (MTW) improves day case rates for TURBT procedures (July 2023)[3]
- Bladder cancer pathway (July 2023)[4]

GIRFT clinical leads' activities

From the year prior to the national report being published in 2018 until the present, GIRFT clinical leads in urology (Simon Harrison, John McGrath and Kieran O'Flynn) visited every NHS hospital trust in England with a urology service. During visits the clinical leads have:

- presented the findings of the national report and discussed it in the local context;
- fed back to local teams on progress against the key metrics;
- identified innovative practice;
- identified the need for GIRFT Academy products;
- promoted the use of Academy products and discussed them within the local setting.

All of these activities will have helped to drive improvement in the key metrics across England.

GIRFT implementation interventions

GIRFT is leading several improvement initiatives to implement change of clinical practice in urology. These include:

- High volume, low complexity standardised surgical pathways.
- Further Faster programme to reduce waiting times
- Accreditation and development of elective surgical hubs.
- The National Consultant Information Programme (NCIP).
- Focused support for NHS trusts.

Time period

This impact analysis covered 12 financial years from 2013/14 to 2024/25 during which time (July 2018 onwards) key GIRFT Academy products were published promoting day case surgery for TURBT as part of wider recommendations on streamlining the bladder cancer pathway within urology.

Data management and analysis

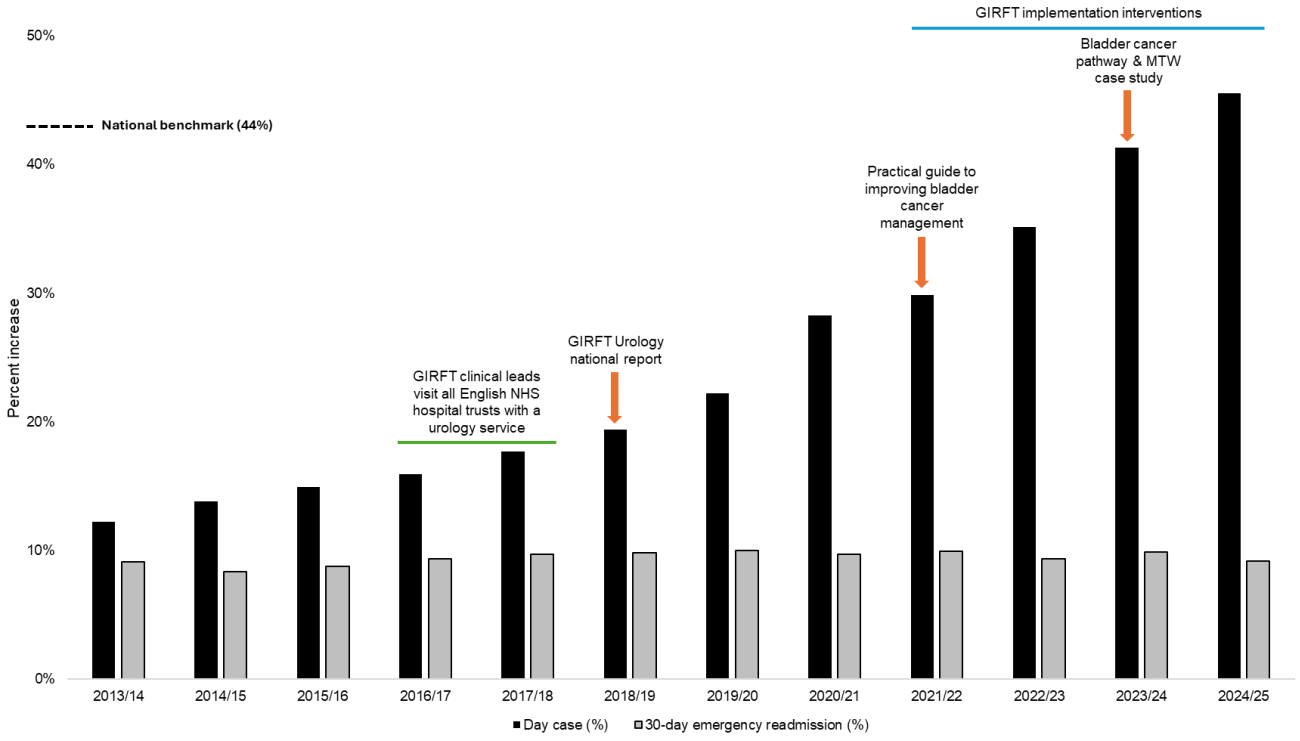
All data was stored and analysed within secure NHS IT environment server space. Data were analysed using standard descriptive statistics as appropriate to the data (e.g. mean, median, frequency).

Findings

Day case and 30-day emergency readmission rates

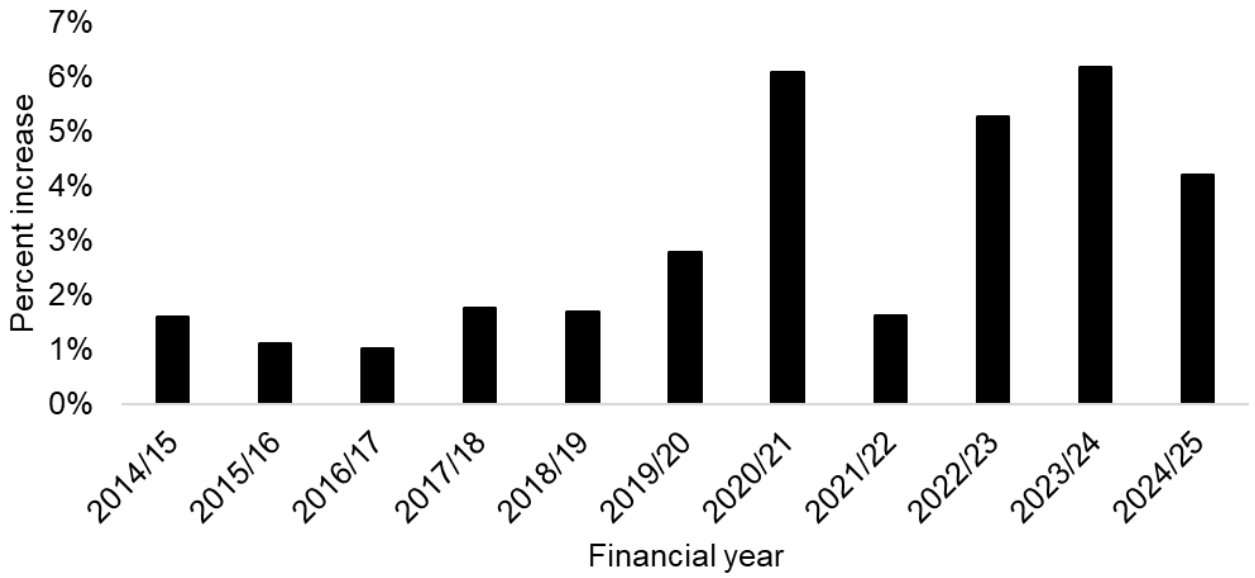
Over the six years from 2013/14 and 2018/19, the national day case rate for TURBT increased steadily from 12.2% to 19.4% (**Figure 1**) with an annual increase over the six years of 1.0 to 1.8% (**Figure 2**). Over that time, the GIRFT clinical leads visited all English NHS hospital trusts with a urology service over two consecutive financial years between 2016/17 and 2017/16 and the GIRFT urology national report was published during 2018/19. The following year, the day case rate grew to 22.2% (**Figure 1**) which was an annual increase of 2.8% (**Figure 2**). Thereafter, the annual increase in the day case rates was more rapid, coinciding with targeted GIRFT implementation interventions (i.e. Further Faster, NCIP, etc.) and the publication of further GIRFT Academy products during 2021/22 and 2023/24, with increases of 5.3%, 6.2% and 4.2% in the last three financial years, reaching a TURBT day case rate of 45.5% and thus exceeding the national benchmark of 44%.

Figure 1: Day case and 30-day emergency readmission rates.



Note: The financial years during which GIRFT Academy products were published are marked with an orange arrow. The green line indicates clinical lead visits to trusts offering TURBT. The blue line indicates when specific GIRFT implementation interventions took place. The benchmark for TURBT day case procedures is at 44%.

Figure 2: Annual difference in the increase of day case rate.



Throughout the assessed time period, the 30-day emergency readmission rate remained relatively stable, varying between 8.4–10.0%, with no clear trend (9.1% in 2013/14, 9.2% in 2024/25; **Figure 1**).

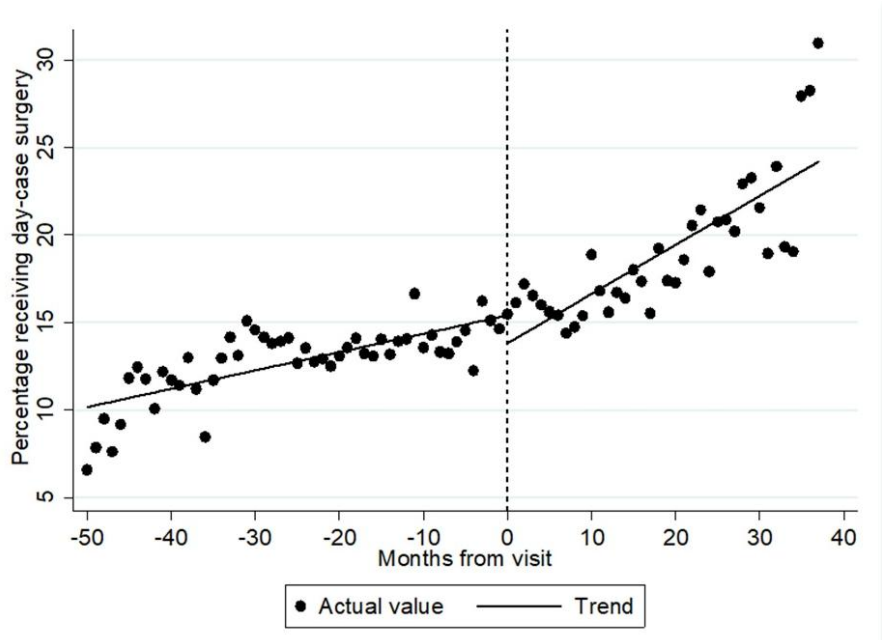
Strengths and Limitations

GIRFT has worked closely with organisations and stakeholders looking to improve patient care and service efficiency through increasing TURBT day case rates during this period, although it is difficult to establish a direct correlation between GIRFT interventions and products, and the subsequent improvement of the quality of care in the specialty.

Wider context and future work

In 2021, members of the GIRFT team published a study in the Journal of Clinical Urology looking at the impact of the GIRFT programme in urology up to this time.[5] For TURBT surgery, the study looked at the impact of the date of visits from the GIRFT national clinical lead with specific recommendations for each trust on day case rates and concluded that there had been a statistically significant change in the day case rate trend following the GIRFT visit. A graph summarising the change in day-case rates over time, relative to the date of each visit is reproduced below. Each dot represents the national TURBT day case rate for a 30-day period with the date of the visit taken as time zero. The findings presented above are consistent with this earlier work.

Figure 3: Change in day-case rates over time, relative to the date of each GIRFT clinical visit (taken from Gray et al. 2021[5]).



The GIRFT programme has also published a number of academic papers including:

- the safety and effectiveness of day case TURBT surgery[6] ;
- the potential carbon savings associated with day case vs inpatient stay TURBT surgery showing an estimated annual savings across England for financial year 2021/22 of 218 tonnes CO_2e if all trusts reached upper quartile day case rates[7] ;
- the carbon footprint of the perioperative TURBT pathway.[8]

GIRFT will continue to promote day case TURBT surgery though GIRFT Academy products and the work of the urology clinical leads. We will conduct further work looking at patient attitudes to day case TURBT as well as the economic benefits of delivering TURBT as day case surgery. The safety and effectiveness of transurethral laser ablation (TULA) as a procedure/clinic room alternative to TURBT will also be explored. TURBT, and bladder cancer surgery more broadly, will continue to be of interest to GIRFT in relation to clinical care decarbonisation and environmentally sustainable healthcare.

Conclusions

National day case rates increased steadily from 2013/14 until this trend started to accelerate in 2019/20. This was followed by a sharp increase in 2020/21, maybe partly due to the COVID-19 pandemic. However, the rate of day case TURBT procedures in England is exceeding GIRFT's national benchmark set at 44%.

The 30-day emergency readmission rates stayed broadly the same throughout the study period, despite the increase in TURBT day case rates, suggesting that increased use of same day discharge did not result in an increase in rates of early emergency return to hospital.

References

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