



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS

BAUS Data & Audit Programme – Update #15

Dear Colleagues

As 2023 nears its end, here is an update on the BAUS snapshot audits, NCIP and feedback from the recent Evaluation of the Impact of GIRFT Survey.

1. BAUS Snapshot Audits

Nephrostomy Audit – currently in progress

Data is being collected on all patients who presented for emergency nephrostomy between 1 October and 30 November 2023 inclusive. **Data submission month is February 2024.** Full information [here](#)

I-DUNC Audit – launches early 2024

Will collect data on all patients undergoing RNU for suspected UTC, including the number of patients who had post-RNU bladder MMC and those receiving adjuvant chemotherapy for T2 or higher disease. Data submission month is April 2024. Further information can be found [here](#)

REJOIN and C-PAT Audits – results

Can be found [here](#)

2. NCIP Data Portal

‘New Look New Features’ webinar can be found [here](#) – click on the ‘Past Webinars on Future NHS’ link. The updated portal includes a new Clinical Leads view and enhanced dashboards.

Clinical Leads can book a masterclass on how to use MHS and NCIP data to drive quality improvement in their unit by emailing england.ncipimplementation@nhs.net

Any consultant urologist having problems logging onto the portal should also contact the NCIP Team using this email address.

3. Summary Findings from GIRFT Survey of BAUS Members

GIRFT thanks all BAUS members who completed the Evaluation of the Impact of GIRFT Survey on their perceptions of the Programme and their use of GIRFT products and services. The survey was completed by 132 people.

- 99% of respondents had heard of the GIRFT Programme prior to the survey.
- 49% agreed or agreed strongly that GIRFT was effective in driving clinical improvement in their specialty, compared to 19% who disagreed or disagreed strongly.
- The most commonly read/reviewed GIRFT products were national reports (54.5%), the NCIP dashboards (49.2%) and the MHS platform (46.2%).
- 76% respondents said they were aware of GIRFT Best Practice Pathways in urology and 46% said they had used at least one pathway to inform practice. The most common reason for not using pathways was a lack of resources or time (20%).
- Of respondents who said a Best Practice Pathway had been used to inform practice, 80% said it had improved practice and 12% said it had not improved practice.

Free text responses mentioned areas where the GIRFT Programme could do more to support clinicians and highlighted issues with implementation of GIRFT pathways and initiatives in individual departments or trusts. A lack of time, resources and local management support for change were commonly cited as barriers to implementation. Concerns over national initiatives not being applicable locally, Best Practice Pathways sometimes being based on clinical opinion rather than hard evidence, and local data quality were also cited.

The findings may be presented more fully at the BAUS ASM in 2024. The feedback provided by BAUS members will be invaluable in informing the future direction of the GIRFT Programme in urology.

I wish all of you a very happy festive period.

Best wishes.

Andrew Dickinson

BAUS ASG Chair