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NCIN
national cancer intelligence network
Using information to improve quality & choice

Cancer Outcomes and Services Dataset

What is COSD?

Skin Cancers Workshop October 2012

NCRI
National Cancer Research Institute

17 years ago....

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...Cancer registration and careful monitoring of treatment and outcomes are essential...

Calman-Hine 1995

....."Our aspiration is that England should achieve cancer outcomes which are comparable with the best in the world"

Improving Outcomes: a Strategy for Cancer, 2011

Why are we doing this – the impact of information?

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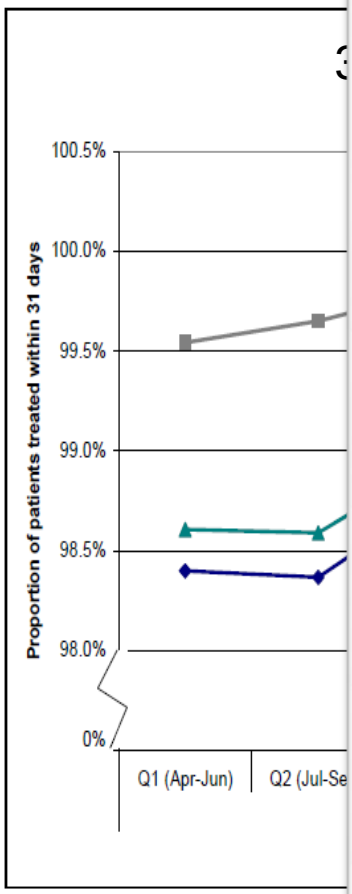
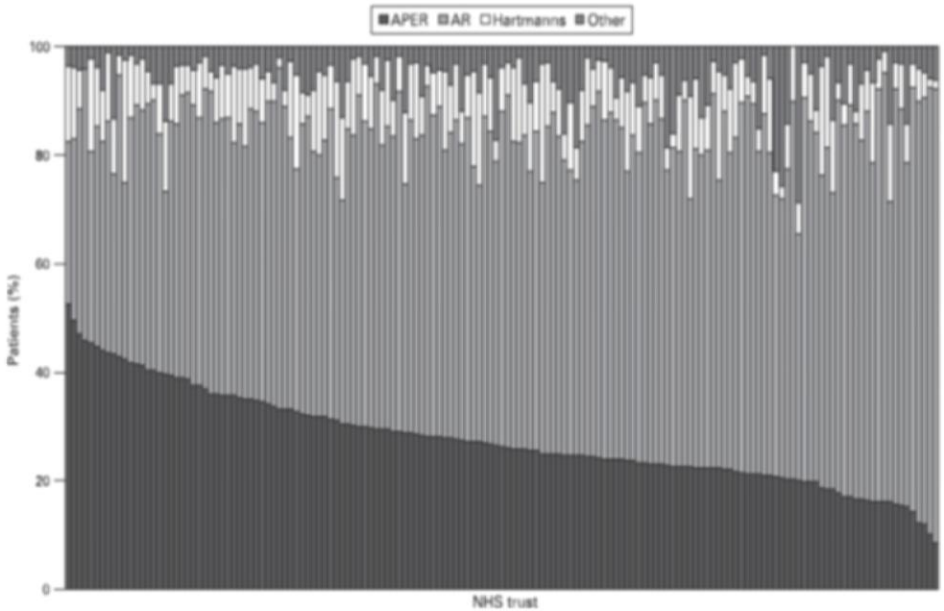
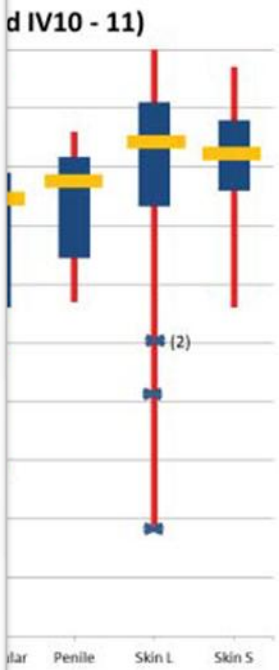


Paper

Unacceptable variation in abdominoperineal excision rates for rectal cancer: time to intervene?

E Morris,[1,2] P Quirke,[2] J D Thomas,[1,2] L Fairley,[4] B Cottier,[3] D Forman[1,4]





Why are we doing this – newer Information?

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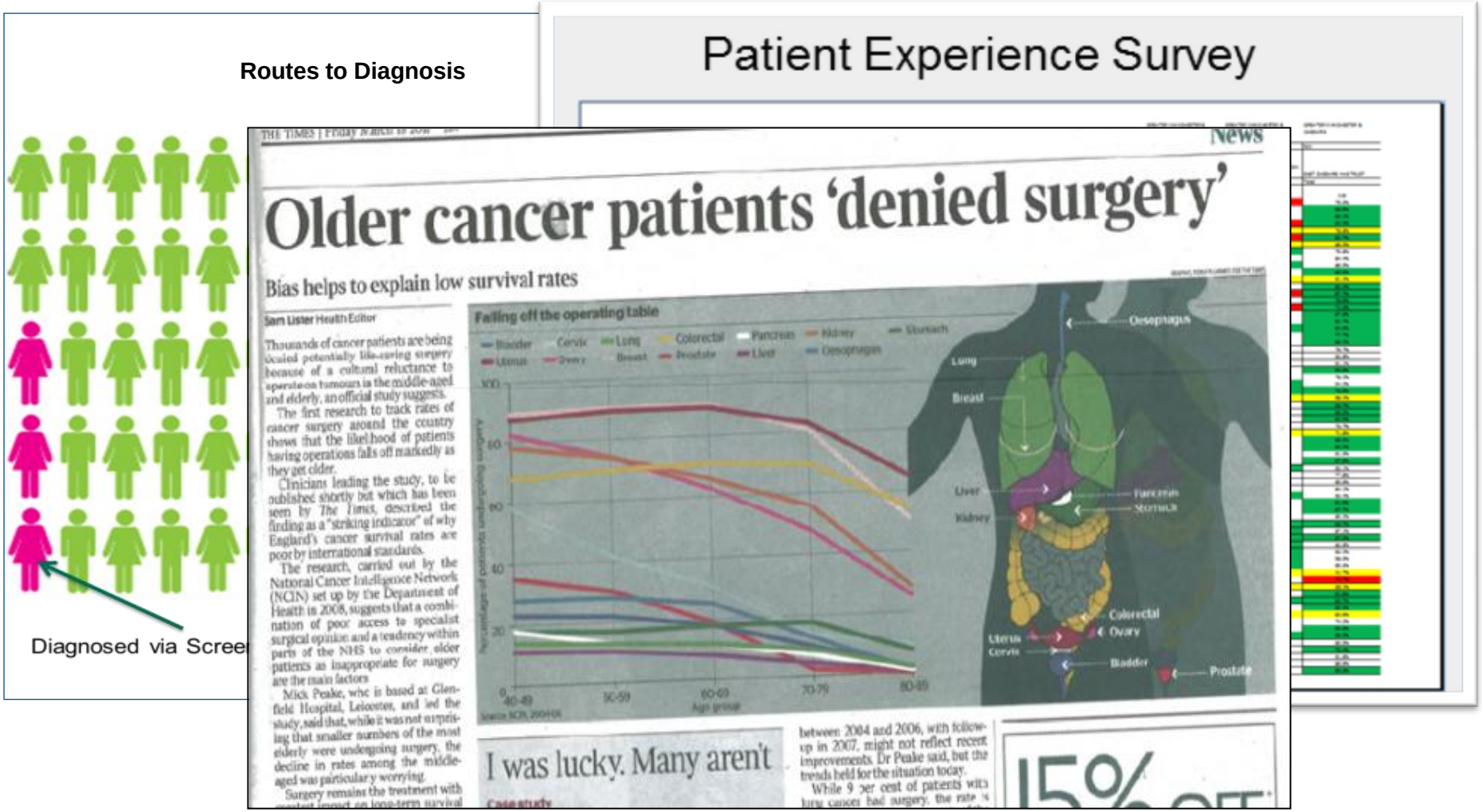

There are 100s of aspects that must be taken into account when making decisions about a Clinical Service

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Survival trends per cancer type and PCT

Place of death per PCT of patient and trust

TWR with cancer diagnosis

Activity per admission type and PCT

There is a wealth of information

Drug budget per indication and network and PCT

Excess bed-days per cancer type, trust and PCT

	NICE guidance	Cost per patient per annum (£)	Incidence per 100,000	Number of patients expected in PCT / network per annum	Expected total costs per drug (£)	Previous year spend (£)	Notes
C							
Etc …							
Total Costs per PCT / Network					£ etc…	£ etc…	

What is COSD?

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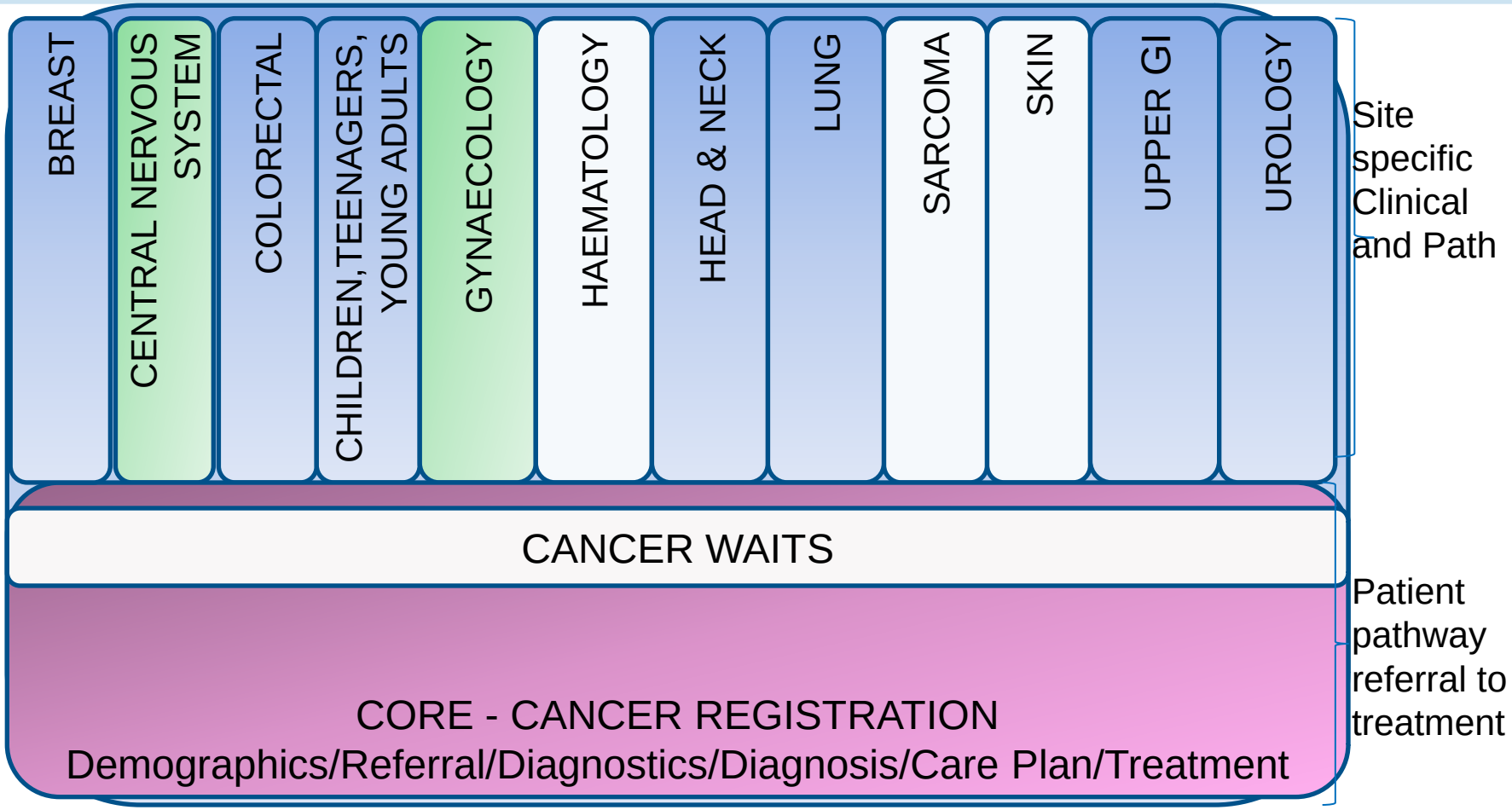
- **The new national cancer dataset**
- Cancer Outcomes and Services
- Aligned with patient management
- Proposed and supported by clinicians
- Incorporates previous cancer registration dataset
- Updated and aligned with other datasets
- Clarified definitions of data items, codes and values
- Specifies Provider submissions
- Compiled by registries from Providers and other sources

COSD - Structure



What's different about COSD? (1)

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- Complete patient pathway
  - Referral details for all cases
  - All treatments
  - Includes palliative and supportive care
- New core data items including
  - TNM Edition Number
  - Involvement of Clinical Nurse Specialist
  - Duration of symptoms
    - Mandatory for Children,Teenagers,Young Adults (CTYA), Optional for others
    - Year/Month/Day as appropriate or available
- All registerable conditions including
  - in situ bladder, in situ melanoma, benign brain tumours

What's different about COSD? (2)

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- Site specific data
  - Key site specific clinical items – patient management
  - Site specific stage
  - Stage components of RCPath datasets
- Includes recurrences
  - Breast cancers to start with
  - New record including referral information

COSD Dataset

Data Item Name	Suggested System/Source
Primary Diagnosis (ICD)	
Multidisciplinary Team Discussion Date (Cancer)	
Cancer Care Plan Intent	
Performance Status (Adult)	
TNM Stage Grouping (Final Pre Treatment)	
Site Code (Of Imaging)	
Procedure Date (Cancer Imaging)	
Imaging Code (Nicip)	
Cancer Imaging Modality	
Imaging Anatomical Site	
Consultant Code	
Care Professional Main Specialty Code	
Procedure Date	
Primary Procedure (Opcs)	
Procedure (Opcs)	
Investigation Result Date	
Service Report Identifier	
Service Report Stat	
Care Professional C Test Requested By)	
Organisation Site Cod ology Test Requested By)	
Cancer Treatment Event Type	
Treatment Start Date (Cancer)	
Cancer Treatment Modality	
Organisation Site Code (Provider Treatment Start Date (Cancer)	

Compilation into a single dataset (assembled by Registries – not by Providers)

MDT

Radiology

PAS

Pathology

National Feeds – datasets and other sources e.g. CWT, RTDS, SACT, (ONS)

What does this mean for you? (Informatics 1)

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- Multiple Trust systems (MDT, PAS, Path, RIS)
  - Separate files for MDT, PAS, Path, RIS
  - Compiled by registries
- Method of transmission
  - Agreed with registries
  - Secure transmission - nhs.net
  - Aim towards XML
  - Path data extracted from path reports by registries
  - Complete Data Transfer Agreement
- Minimising duplication of data flows

What does this mean for you? (Informatics 2)

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- XML Action Plan
  - to develop XML
  - Support for in house developers
  - Interim arrangements with Registry

What does this mean for you?

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- Monthly submission
  - Current cancer registry feeds expanded to include COSD items
  - 25 working days after diagnosis or treatment
  - Send updates as applicable
    - Aim for three months to complete initial record (to first treatment)
    - Final updates to first treatment within 6 months
    - Further treatments - submit 25 working days after treatment
- How to collect in “real time” ?
- Clinical ownership/sign off for
  - MDT extract
  - PAS extract
  - Path extract
  - RIS extract

Key sources – MDT System

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- Resources
  - Point of care recording
- Clinical sign off/Ownership
  - Review and revise processes
- Inter Provider pathways
  - Network wide implementation
  - Data collection agreements
- Alignment with national audits
  - Differences identified
  - Move towards integrated submission

Key Sources – Pathology System

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- Existing extracts continue
- Path items may also be recorded in MDT system
  - Can send from both systems
- Free Text Reports
  - Data items extracted by registries
- Direction of travel
  - Structured reporting
- Clinical oversight
  - Summary feedback reports

Key sources – PAS

- Existing extract
  - Use SUS/CDS/PbR return
  - Check COSD data items included
  - Discuss with regional registry
- Process for Clinical oversight
  - Feedback reports

Key sources – Radiology System

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- How to identify cases
  - Can system identify cancer cases automatically
  - Can CWT be used to identify reports for cancer investigations

- **Complete site specific imaging in MDT Systems**
  - **Make sure Stage is completed**
  - **Ensure registry can access other imaging reports (if Stage not completed)**

  - Data items extracted by registries
- Clinical oversight
  - Summary feedback reports
- Radiology items recorded in MDT system
  - Can send from both systems

GAP Analysis – Conformance Checklist

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d Services Dataset - Trust Submission

PLEASE READ INSTRUCTIONS BEFORE COMPLETING

Data Item Section	Data Item Name	Suggested System/Source	Item on system?	SYSTEM/SOURCE
CORE - IMAGING	IMAGING REPORT TEXT	RIS	YES	RIS
CORE - IMAGING	LESION SIZE (RADIOLOGICAL)	RIS	YES	RIS
CORE - DIAGNOSIS	TUMOUR LATERALITY	MDT	YES	MDT
CORE - DIAGNOSIS	BASIS OF DIAGNOSIS (CANCER)	MDT	NO	MDT
CORE - DIAGNOSIS	MORPHOLOGY (SNOMED)	MDT	YES	MDT
CORE - DIAGNOSIS	MORPHOLOGY (ICDO3)	MDT	NO	MDT
CORE - DIAGNOSIS	TOPOGRAPHY (ICDO3)	MDT	N/A	
CORE - DIAGNOSIS	GRADE OF DIFFERENTIATION	MDT		
CORE - DIAGNOSIS	METAST			
CORE - DIAGNOSIS	CANCER RI CARE PLAN			
CORE - CANCER CARE PLAN	MULTIDISCIP DISCUSSION			
CORE - CANCER CARE PLAN	MULTIDISCIP DISCUSS			
CORE - CANCER CARE PLAN	CANCER C INT			
CORE - CANCER CARE PLAN	PLANNE TREATM			
CORE - CANCER CARE PLAN	NO CANCER REA			
CORE - CANCER_CARE_PLAN	ADULT CO EVALUATIO			
CORE - CANCER CARE PLAN	PERFORMA (AD			

RMANCE CHECKLIST | Summary s

System
Select fi

PLEASE READ INSTRUCTIONS BEFORE COMPLETING

	Data Item Section	Data Item Name	LOCAL SYSTEM/SOURCE (Completed from Conformance Checklist sheet)	IS THIS ITEM CURRENTLY COLLECTED ROUTINELY	IF NOT COLLECTED, WHO WILL RECORD IN FUTURE	IF NOT COLLECTED, WHEN WILL THIS BE RECORDED IN FUTURE	WHAT S
39	CORE - IMAGING	LESION SIZE (RADIOLOGICAL)	RIS	YES			
40	CORE - DIAGNOSIS	TUMOUR LATERALITY	MDT	YES			
41	CORE - DIAGNOSIS	BASIS OF DIAGNOSIS (CANCER)	MDT	YES			
42	CORE - DIAGNOSIS	MORPHOLOGY (SNOMED)	MDT	YES			
					NOT REQUIR		
					NOT REQUIR		
					MDT COORD	PRE MDM	SCR
					MDT COORD	AT MDM	SCR
					MDT COORD	AT MDM	SCR

WHO WILL COLLECT?
Select the person/role who will collect this in future.
List can be amended in DATA SOURCES sheet, Column D

LLECTION CHECKLIST | Summary sh

Collection Issues

HEADINGS	Number marked "Yes"	Number marked "No"	Number "Blank"	Number "N/A"	TOTAL
Routinely collected?	9	5	449	0	463
Issues to be resolved	0	0	463		463

Support

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Check the NCIN website monthly for updates

Conformance

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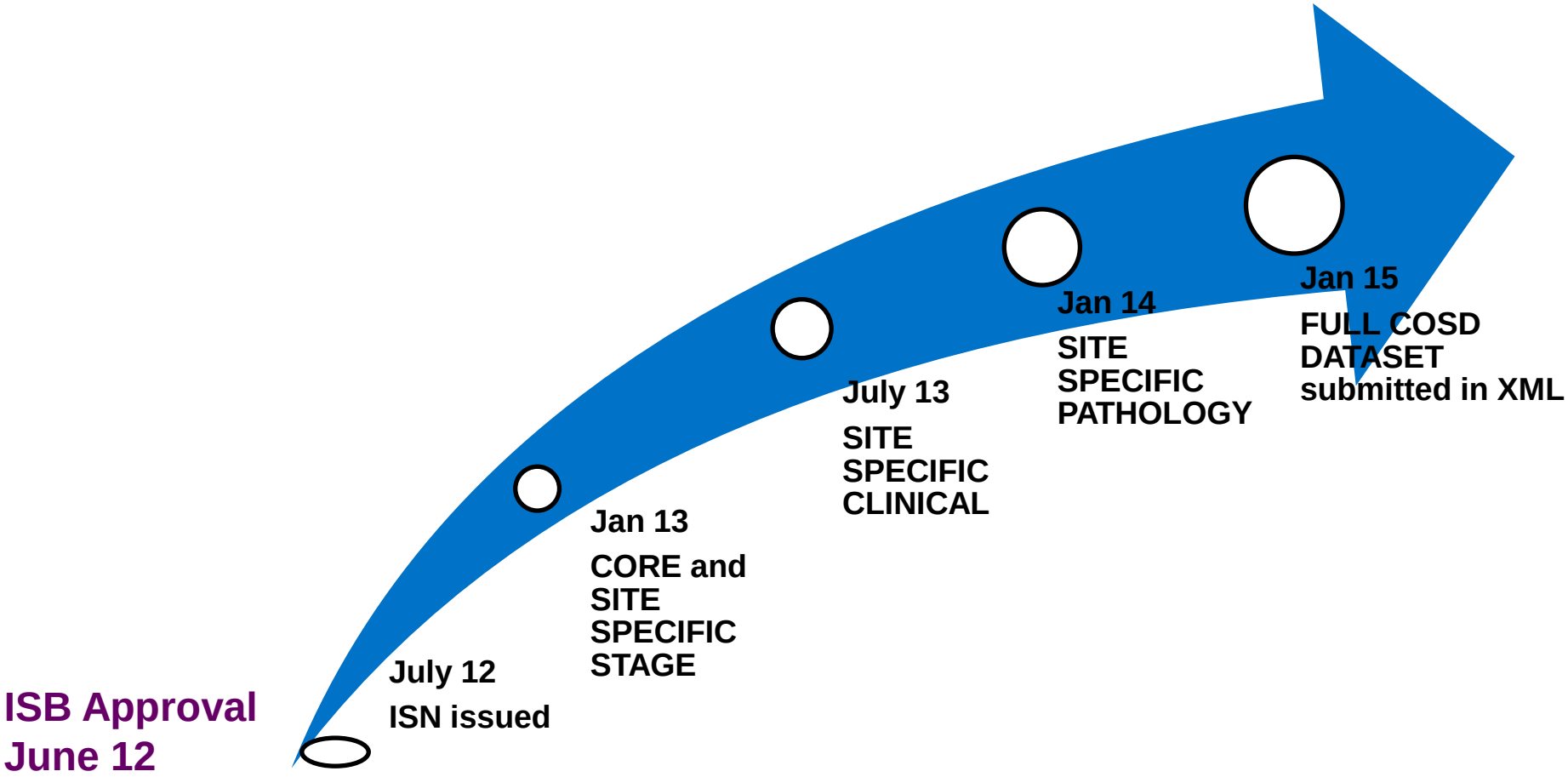
- Included in National Contract
  - Information Standard
  - Possible financial penalty
- Simple criteria
  - Monthly feedback to Providers (raw data)
    - e.g. data submitted on time?
    - Staging data completeness
  - Quarterly and annual feedback to follow (processed data)
- Potential Escalation process
  - Informal discussions
  - Notification to CEO
  - Formal notification to commissioners
  - NHS Commissioning Board

Implementation Timetable



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Thank you

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