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COSD

The Importance of Working Together

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Overview - COSD

- The Cancer Outcome and Services Dataset (COSD) is now the main 'Cancer Data' collection process in England covering all tumours diagnosed and treated in secondary care.
- The Dataset has been reviewed and wherever possible the agenda set by all the National 'Site Specific Clinical Reference Groups' (SSCRG's), National Cancer Intelligence Experts and the COSD Advisory Board (which includes Trust representation).
- The dataset has a CORE and Pathology section, which requires data to be collected on every patient and then 12 site specific tumour groups, which require data on specific tumours (but not on every patient).
- Certain data are monitored to improve data quality and completeness


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Clinical Support Essential

- MDT/Pathway Coordinator and Cancer Services provide a huge support to all the MDT's and submit data (collected in real-time) to the NCRAS
- Some data needs Clinical Support, via the MDT and clinical teams (including the Nurse Specialists)
- Ideally live data collection at the MDT is the best process, but we know this is not always possible, however discussions and accurate decisions made at MDT need to be clear and easy for data collection
- Cross dataset collaboration is required (including National Audits), to prevent duplication of data collection. Most Trusts use the same systems to collect data (Somerset/Infotex) and then report these separately – Collect it once but report these across many datasets (COSD/Audits/CWT).



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Challenge Your Data

- It is important that each MDT reviews their data submitted by the Trust to the NCRAS, and having a clinical champion provides strong local leadership.
- Using the portal provides greater support and has already been adopted by other Audits?
- You can view:
 - Incidence, Survival and Mortality data (at population level)
 - COSD (at Trust, Tumour and element level)
 - NLCA (Lung)
 - NPCA (Prostate)
 - Gynae – Discussions are ongoing with the SSCRG to create a Gynae audit monitored and managed within COSD
 - CHI
- To come later this year is Pathology reporting

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Next Phase

- COSD has been reviewed for a launch in April 2017
- Careful consideration was taken around removing any duplicated data item(s) throughout the dataset including (where applicable) any data-item that are no longer part of a supporting clinical dataset(s)
 - Examples here are:
 - Pathology, where a data item has been removed from the Royal College of Pathologists (RC Path) minimum dataset
 - Where a data item is no longer part of a national audit, that is supported through the collection of COSD e.g. National Lung Cancer Audit (NLCA)
 - Where staging or current fields are now outdated
- This is why I am here today talking to you all, to explain what has changed, what is new, and why our dataset must continue to be clinically accurate.



Other Contributory Factors

- Special consideration was also given to the 'Achieving World-Class Cancer Outcomes' A Strategy for England 2015-2020 report.
 - A whole new section on Molecular Testing has been added
 - New data items added to support 'Cancer Surgical Outcomes' agenda
- The dataset has been carefully balanced to have the addition of an equal number of new data items compared to those retired.
- Consultation with major software suppliers was sought to confirm correct release date, and to be sympathetic with their internal development cycles.
- This close working relationship is vital in ensuring that together we can ask the right questions without over burdening the MDT with data collection.



Reduce Duplication of Data Collection

- Pathology is now being requested direct from the pathology labs (starting 01-01-2016), therefore I have separated these data out, having a master COSD Dataset plus two subsets:
 - COSD Pathology Dataset
 - COSD Patient Pathway Dataset
- Doing this can reduce the 'Burden of Data Collection' on the Cancer Teams by up to 30%.
 - We should not expect a 'non clinical' cancer MDT coordinator to hand transcribe pathology reports into COSD, when this is already being submitted in a structured COSD xml format already.
- It also allows for improving the data completeness and quality of the clinical (non-pathology) data items, across the dataset.
 - Colorectal and Gynae site specific sections therefore have reduced from 30+ to only 4 data items and Breast to just 5.



COSD v7.0 Timeline

- Full stage submission = July 2016 SCCI meeting acceptance
- ISN publication = 17 August 16
- Implementation period = 18 Aug 2016 to 31 March 2017 = 7½ months
- Start of new Data Collection – 1 April 2017
- Full Conformance (to allow rollout) = from 1 July 2017



Exciting New Additions

- Molecular Testing
 - Germline Testing For Cancer Predisposition
 - Somatic Testing For Targeted Therapy And Personalised Medicine
- Hospital of Diagnosis
- Surgeon code responsible for the surgery
 - Or if this is a team, then all members can be recorded
- Unplanned Return to Theatre
 - This will create a complete surgery treatment record and will allow for where, when and who did the surgery too.
