

Cancer Outcomes Services Dataset – 28 February 2018

Group Discussions – Workshop, Taunton

Hospital/Trust	Discussion-Notes
Round Table, COSD discussion	<ul style="list-style-type: none"> Dataset is too big, find it impossible to complete everything, Trust focus is always on CWT Clinical buy-in and engagement is much easier for the tumour sites with specific national audits/datasets Cancer stats is really helpful, v. timely and reasonably accurate Mandatory items are well recognised and reasonably easy to collect Accredited training/professional status for MDT coordinators would be helpful to develop and retain workforce
COSD Round table discussion	<p>Data Analyst resource</p> <ul style="list-style-type: none"> Is it available? If available do they cover COSD/cancer services Access to Data views MDT time constraints Engagement of clinical leads Retrospective data entry <p>COSD Guidance</p> <ul style="list-style-type: none"> Trust focus on data items i.e., stages PS Improvements in data collection within Trusts can be made by sharing reports/data with clinical teams Biggest barrier is people's time Variance in resource Increase in patient numbers of same or less stuff National steer in MDT/Data resource Mortality by Trust will help to engage clinicians
What doesn't work	<ul style="list-style-type: none"> Resources to collect data More national audits (able to plan, dedicated resources) <p>Issues</p> <ul style="list-style-type: none"> Non-clinical collecting data Opportunity to collect is at MDT or meeting with clinicians team (not always possible) Engagement of clinical teams Time to collect Feedback with context and clinical relevance to local teams
COSD V9	<ul style="list-style-type: none"> Size ok, matches flow of patient pathway Info is needed <p>Data collection issues</p> <ul style="list-style-type: none"> Some clinicians assume their data is perfect Sarcoma staging, trouble getting staging from tertiary centre <p>Reduced in size</p> <ul style="list-style-type: none"> Size is fine but need to regularly review <p>Performance level reports</p> <ul style="list-style-type: none"> Who is doing the best at staging (current level 2 reports); please can we keep this going? Concerns around the need to still collect path data for local reporting

	<p>needs. Data burden – not removed</p> <ul style="list-style-type: none"> - Burden if data collection on MDTs <p>Clinical trials</p> <ul style="list-style-type: none"> - Where will this data come from? - What will it be used for? - Is it useful? - Can the trials teams collect this? - How is it going to be reported? • Clarification of scenarios of progression vs transformation • Is recording progression again a data burden? • Risk factors – are clinicians interested in a 3 month history • Will this only be collected when it is significance • Can you get this from Primary Care? On referral • Is resource enough to collect datasets? Is the admin burden too much? • Is local practice around staging reflected in National decisions, e.g., colorectal and dukes staging
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