

Cancer Outcomes Services Dataset (COSD)

Combined Group Discussion Feedback

The following points were raised from colleagues from NHS Organisations (Primarily NHS Trusts), who currently either collect or are responsible for the collection and submission of COSD data.

These comments will help the Head of Cancer Datasets in Public Health England (PHE), and developer of the COSD, understand the issues within Trusts and guide the development of the next version change (v9.0) of COSD in 2020.

I have tried to group issues from across all the roadshows to help answer/highlight issues as follows:

What does Not Work?

Local Support (Clinical/IT/Resources)

- Dataset collection, responsibility falls to MDT NOT other operational departments
- Usage depends on Cancer MGMT system!
- Hard to gather clinical info from large MDTs
- Clinicians not supported with data collection
- Lack of input from all disciplines too many data items to collect – resource issues
- Clinical input required – non clinical staff interpreting data
- Resources to collect data
- Different computer systems
- Non-clinical collecting data
- Engagement of clinical teams
- Data not readily available
- Lack of IT support in Trusts
- Dataset changes frequently but financial cost for Trusts to implement

The dataset has to change at regular intervals to ensure that it remains clinically accurate. I have now made the decision that COSD will not be updated more regularly than every two years. COSD and CWT combined their update in 2018 and are planning to do the same in 2020 as well.

Clinical engagement has been highlighted many times through the group's session feedback and this is something we need to try and address. I am not in a position however to influence either local IT decisions or those of system suppliers.

If you have a local system that has issues, please talk to your local IT system supplier to get a resolution. The joined up approach through your regional NCRAS Data Liaison Manager can also help, if this affects many Trusts using the same system.

Other specific clinical items

- Obesity & Lifestyle – How will this be collected
- HNA – Needs an admin post to support this
- HNA is extremely time consuming
 - *For COSD it is only two data items*
- Performance status good but different
- Haematology difficult to collect (knowledge)

There are new items and will need to be reviewed over time, we are hoping that as these are major influences for cancer, that the data will be available? For HNA, COSD only asks for two data items and not the whole report.

Other comments

- Same coding and numbering for audits and COSD and CWT e.g. HANA (non-data item matched)
- Not all parts of patient pathway is recorded at Trusts – difficult to see completeness
- Little support from DH on systems

I do not have any direct influence with the cancer audits, although I do talk to them and we try and ensure wherever possible that all data are the same in all the cancer dataset. I appreciate this is something that does not always happen, and that where this is the case it is very frustrating for you to map data effectively without duplicating data collection.

I have to mention again that it is recognised what a fantastic job MDT and Pathway Coordinators do in collecting the data for COSD and other cancer datasets. This work is hugely appreciated by me, the cancer registration community and the analysts who use these data.

The support of every MDT/Pathway coordinator and clinical team at all the Trusts who submit rapid and timely data through to NCRAS (via COSD), is very much appreciated. This is vital, high quality data that really does make a difference.