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Welcome

COSD Roadshow 2020

Introduction

- Andrew Murphy (Head of Cancer
- Your Local National Cancer Regis
- Fire Alarms & Fire Exits
- Toilets
- Telephones – Please can these b
- Delegate Packs
- Agenda for Today

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NHS England and NHS Improvement

Agenda

Title of meeting: Cancer Roadshow (tbc)
Date: tbc
Time: 09:00 to 15:50
Venue: tbc

09:00 Reception, Registration, Coffee and Networking

Morning Session – COSD

09:30 What's in COSD v9.0 and Pathology v4.0 (Andrew Murphy)
09:55 Cancer Registration and Conference Update (Sophie Newbound)
10:05 Gynae 'Ovarian' Cancer Audit Update (Mr Andrew Nordin)
10:25 National Oesophago-Gastric Cancer Audit (NOGCA) Update (Mr Nick Maynard)
10:45 Comfort Break
11:00 Acute Oncology (AO) Presentation (Catherine Donnelley)
11:20 National Audit of Breast Cancer in Older Patients (NABCOP) Update (Karen Clements)
11:40 National Prostate Cancer Audit (NPCA) Update (tbc)
12:00 National Lung Cancer Audit (NLCA) Update (tbc) or Best Practice Presentation (Regional Liaison Manager)
12:20 Lunch + Networking

Afternoon Session – CWT

13:20 Cancer Waiting Times and Clinical Review of Standards (Inara Khan and Stephen Scott)
14:35 Comfort Break
14:50 Living With and Beyond Cancer (Lesley Smith and TBC)
15:50 Finish

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Listening, Learning and Improving Data Quality

Andrew Murphy
Head of Cancer Datasets

National Cancer Registration and Analysis Service (NCRAS)
Public Health England

Listening, Learning, Improving Data Quality

This is my third set of roadshows, during which time you've asked me to:

- incorporate the cancer audits to have just one data collection
    - NLCA, NPCA and Ovarian Audits
    - NOGCA
- align COSD with other major datasets
    - NBOCA
    - SACT
    - RTDS
- engage with the clinical community
- update the datasets to support clinical and operational functions
    - Royal College of Pathologists
- reduce wherever possible the burden of data collection

Clinical Support Essential

COSD provides the tool and focus for collecting data, but clinical support is 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 additional 'Clinical Support' to ensure it is correct
- ideally live data collection at the MDT is the best process, but we know this is not always possible. Therefore discussions and decisions made at MDT need to be clear and easy for data collection
- collect it once but report these across many datasets (COSD/Audits/CWT)

COSD Timeline

COSD v9.0 and COSD Pathology v4.0 follow the same timeline:

- August/September 2019 ~ DCB accepted the changes proposed for COSD
- Information Standard Notice (ISN) was published on 13 September 2019
- 6 months implementation period (13 Sept 2019 to 31 March 2020)
- 1 April 2020 ~ start of new Data Collection (3-month rollout period)
- all Trusts **MUST** be full Compliant by 1 July 2020 (September upload)

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COSD

The Changes

Andrew Murphy
Head of Cancer Datasets

National Cancer Registration and Analysis Service (NCRAS)
Public Health England

Changes to the standard include:

The mandation of certain key fields throughout the data sets to improve data quality and reduce the burden of data processing:

- the addition of choices enables clearer decision making and improves data quality
- certain data were realigned or moved to within the datasets – this ensures that data nests correctly within the XML and will help with data collection, quality and ascertainment
- 101 new data items, which enable the data sets to continually meet the changing demand of cancer treatment and outcome data – of which 18 were pathology
- 82 data items were deleted of which 12 were pathology specific
- this represent only a small increase of 4% in both datasets (13 data items in COSD and 6 in Pathology)

New Choices within COSD

New choices within COSD, these make recording data more logical

Choice 1

Choice 2

Choice 3

You can choice all three, but you cannot submit an imaging record without at least 1

ORE - IMAGING					
o carry imaging details					
lay be multiple occurrences per record (0..*)					
CORE - IMAGING	**ORGANISATION SITE IDENTIFIER (OF IMAGING)**	This is the ORGANISATION IDENTIFIER of the Organisation site where the imaging took place.	min an5 max an9		
CORE - IMAGING	**PROCEDURE DATE (CANCER IMAGING)**	The DATE the Cancer Imaging was carried out.	an10 ccyy-mm-dd		
CORE - IMAGING	**IMAGING OUTCOME**	Record the outcome for the imaging event as agreed with the radiologist or clinical team	an2	01	Abnormal
				02	Normal
				03	Benign
				04	Non-Diagnostic
				05	Inadequate
				09	Not Known
IAGING LOCATION CHOICE					
he of the following Core Imaging data items or sections must be provided per record					
lust be at least one of the following choices per Core - Imaging (1..3)					
AGING LOCATION CHOICE 1					
CORE - IMAGING	**IMAGING CODE (NICIP)**	IMAGING CODE (NICIP) is the National interim Clinical Imaging Procedure Code Set code which is used to identify both the test modality and body site of the test.	max an6		
ND OF IMAGING LOCATION - CHOICE 1					
AGING LOCATION CHOICE 2					
CORE - IMAGING	**IMAGING CODE (SNOMED CT)**	IMAGING CODE (SNOMED-CT) is the SNOMED CT concept ID which is used to identify both the test modality and body site of the test.	min n6 max n18		
ND OF IMAGING LOCATION - CHOICE 2					
AGING LOCATION CHOICE 3					
tart of SECTION - Imaging location group					
lay be one occurrences per CORE - Imaging (1..1)					
CORE - IMAGING	**CANCER IMAGING MODALITY**	The type of imaging procedure used during an Imaging or Radiodiagnostic Event for a Cancer Care Spell. NB: PET Scan also includes PET-CT Scan.	an4	C01X	Standard Radiography
				C01M	Mammogram
				C02X	CT Scan
				C02C	Virtual colonoscopy
				C03X	MRI Scan
				C04X	PET Scan
				C05X	Ultrasound Scan
				C06X	Nuclear Medicine imaging
				C08A	Angiography
				C08B	Barium
				C08U	Urography (IV and retrograde)
				C09X	Intervention radiography.
				CXXX	Other
CORE - IMAGING	**IMAGING ANATOMICAL SITE**	A classification of the part of the body that is the subject of an Imaging Or Radiodiagnostic Event.	max an5		The coding frame used is the OPCS-4 'Z' coding, plus two additional local codes: Whole body CZ001 Multiple sites CZ002
CORE - IMAGING	**ANATOMICAL SIDE (IMAGING)**	The side of the body that is the subject of an Imaging or Radiodiagnostic Event.	an1	L	Left
				R	Right
				M	Midline
				B	Bilateral
				8	Not applicable
				9	Not Known
nd of SECTION - Imaging location group					
ND OF IMAGING LOCATION - CHOICE 3					
ND OF IMAGING LOCATION CHOICE					

Other changes in v9 include:

- improved recording of non primary cancer diagnoses
- a new ‘Diagnostic Procedures’ section
- updated ‘Risk Factors’ section
- additional items to support the ‘Living With and Beyond Cancer’ campaign
- a new multi disciplinary team meeting section
- acute oncology
- support for the National Audit of Breast Cancer in Older Patients (NABCOP), National Lung Cancer Audit (NLCA), and the National Prostate Cancer Audit (NPCA)
- to carry surgery outcome measures for Upper GI - Esophageal Database (ESODATA)

New ‘Diagnostic Procedure’ section:

	CORE - DIAGNOSTIC PROCEDURES To carry diagnostic procedure details (excluding imaging) **May be multiple occurrences per record (0..*)**			
CR7500	CORE - DIAGNOSTIC PROCEDURES	**ORGANISATION SITE IDENTIFIER (DIAGNOSTIC PROCEDURE)**	This is the ORGANISATION IDENTIFIER of the Organisation site where the diagnostic procedure took place.	min an5 max an9
CR7510	CORE - DIAGNOSTIC PROCEDURES	**DIAGNOSTIC PROCEDURE DATE**	The DATE the diagnostic procedure was carried out.	an10 ccyy-mm-dd
	DIAGNOSTIC PROCEDURES CHOICE One of the following Core Diagnostic procedures data items MUST be provided per CORE - Diagnostic Procedure submission **Must be at least one of the following choices per Core - Diagnostic Procedures (1..2)**			
	DIAGNOSTIC PROCEDURES - CHOICE 1			
	Start of repeating item - Diagnostic Procedure (OPCS) Multiple occurrences of this item are permitted			
CR7520	CORE - DIAGNOSTIC PROCEDURES	**DIAGNOSTIC PROCEDURE (OPCS)**	Record the diagnostic procedure(s) carried out using OPCS. This maybe recorded in addition to DIAGNOSTIC PROCEDURE (SNOMED CT)	an4
	End of repeating item - Diagnostic Procedure (OPCS)			
	END OF DIAGNOSTIC PROCEDURES - CHOICE 1			
	DIAGNOSTIC PROCEDURES - CHOICE 2			
	Start of repeating item - Diagnostic Procedure (SNOMED CT) Multiple occurrences of this item are permitted			
CR7530	CORE - DIAGNOSTIC PROCEDURES	**DIAGNOSTIC PROCEDURE (SNOMED CT)**	Record the diagnostic procedure(s) carried out using SNOMED CT. This maybe recorded in addition to DIAGNOSTIC PROCEDURE (OPCS).	min n6 max n18
	End of repeating item - Diagnostic Procedure (SNOMED CT)			
	END OF DIAGNOSTIC PROCEDURES - CHOICE 2			
	END OF DIAGNOSTIC PROCEDURES CHOICE			

Risk Factor changes in v9 include:

CR7800	CORE - CLINICAL NURSE SPECIALIST + RISK FACTOR ASSESSMENT	**TOBACCO SMOKING STATUS**	Specify the current tobacco smoking status of the patient.	an1	1	Current smoker
					2	Ex smoker
					4	Never smoked
					9	Unknown
CR7810	CORE - CLINICAL NURSE SPECIALIST + RISK FACTOR ASSESSMENT	**TOBACCO SMOKING CESSATION**	Was treatment for tobacco addiction/cessation given to the patient	an1	1	Patient treated
					2	Patient not treated
					3	Patient offered treatment but declined
					8	Not Applicable (Not current tobacco user)
					9	Not Known (Not recorded)
CR6760	CORE - CLINICAL NURSE SPECIALIST + RISK FACTOR ASSESSMENT	**HISTORY OF ALCOHOL (CURRENT)**	Specify the current history of alcohol consumption for the patient (≤3 months) from date of diagnosis These are based on the UK Chief Medical Officers' Alcohol Guideline Review (Jan 2016)	an1	1	Heavy (>14 Units per week)
					2	Light (≤14 Units per week)
					3	None in this period
					Z	Not Stated (PERSON asked but declined to provide a response)
					9	Not Known (Not recorded)
CR6770	CORE - CLINICAL NURSE SPECIALIST + RISK FACTOR ASSESSMENT	**HISTORY OF ALCOHOL (PAST)**	Specify the past history of alcohol consumption for the patient (>3 months) from date of diagnosis These are based on the UK Chief Medical Officers' Alcohol Guideline Review (Jan 2016)	an1	1	Heavy (>14 Units per week)
					2	Light (≤14 Units per week)
					3	None ever
					Z	Not Stated (PERSON asked but declined to provide a response)
					9	Not Known (Not recorded)
CR7820	CORE - CLINICAL NURSE SPECIALIST + RISK FACTOR ASSESSMENT	**DIABETES MELLITUS INDICATOR**	Does the patient have a diagnosis of diabetes?	an1	Y	Yes
					N	No
					9	Not known
CR7830	CORE - CLINICAL NURSE SPECIALIST + RISK FACTOR ASSESSMENT	**MENOPAUSAL STATUS**	Record the Menopausal Status (at the point of diagnosis) of female patients only	an1	1	Premenopausal
					2	Perimenopausal
					3	Postmenopausal
					9	Not Known
CR7840	CORE - CLINICAL NURSE SPECIALIST + RISK FACTOR ASSESSMENT	**PHYSICAL ACTIVITY (CURRENT)**	Specify the current physical activity level	an1	1	Achieves guidance level of physical activity
					2	Does not achieve guidance level of physical activity

COSD – Pathology dataset

Working with the Royal College of Pathologists (RC Path), the COSD Pathology dataset v4.0 was completely reviewed. This allowed:

- full alignment with the RC Path ‘CORE’ datasets
- this in turn will ensure that it is easier for pathologists to collect the data
- work has continued with the Laboratory Information Management System (LIMS) Suppliers, to provide updated LIMS for clients, that incorporate these changes
- as this is the fourth version of the pathology dataset, the version number now mirrors this exactly, to help with any future confusion
- ongoing meetings and review with the RC Path are planned for 2020, to further strengthen the clinical engagement of this dataset at Trusts

So What Does That Mean?

- more than ever, I have listened to you all and corrected previous mistakes
- these datasets now logically follow the patients through their diagnostic, staging and treatment pathway, and should make data collection easier
- extensive work has continued behind the scenes with system suppliers and Information Departments, to provide more support where needed to ensure the transition is as pain free as possible
- CancerStats has been updated and now provides a world class resource to view and interrogate your data
- this afternoon, my colleagues from Cancer Waits will talk to you all about their changes and how they will affect you over the next 2 years
- a full set of documentation is available to help and support you with this as follows…

Access to Documentation…

http://content.digital.nhs.uk/isce/publication/dcb1521:

- Specification
- change request
- implementation guide
- information standards notice

https://isd.digital.nhs.uk/trud3/user/guest/group/0/home:

- COSD data set v9.0 schema pack
- COSD pathology data set v4.0 schema pack

** If a document has been updated to correct errors, then the version number will change to reflect this, for example it may now be v9.0.1 (but that's OK)**

Access to Documentation…

http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd:

- COSD data set v9.0
- COSD v9.0 user guide
- COSD v9.0 technical guide
- COSD pathology data set v4.0
- COSD pathology v4.0 user guide
- COSD pathology v4.0 technical guide

** Again where a document has been updated to correct errors, then the version number will change to reflect this, for example it may now be v9.0.1 (so please ensure you are using the most recent version)**

Finally…

- we now have a more balanced dataset, which better reflects current clinical practice, and allows for the accurate recording of data throughout the patients pathway
- there are new sections and data which will be challenging to collect, but we hope will benefit national analysis and understand patient outcomes
- our objective is to continue to improve the completeness and ascertainment of data collected at Trust level
- once again, this is my challenge to you:
    - clinical staff please support the MDT/Pathway coordinators with understanding and interpreting difficult data
    - MDT/Pathway coordinators complete as much of COSD as you can
    - everyone, please improve data collection, accuracy and the quality of data recorded

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"ultimately this whole process will improve the understanding and outcomes of treatment pathways for patients"

Newsletter sign-ups and Questions

- COSD Newsletter
  - COSDenquiries@phe.gov.uk

- NDRS newsletter
  - https://www.ndrs.nhs.uk/get-in-touch/

- ODR newsletter
  - odr@phe.gov.uk

- Cancer Stats newsletter
  - https://cancerstats.ndrs.nhs.uk