

# Cancer Outcomes and Services Dataset Sept 2011

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Using information to improve quality & choice



Are communications working?





#### What is the COSD?

The COSD will be the new national standard for reporting cancer in the NHS in England. It will replace the current National Cancer Dataset and will include the Cancer Registration dataset and additional site specific data items relevant to the different tumour types. It will be aligned with existing national cancer datasets (<u>Cancer Waits</u> and <u>Radiotherancy</u>) and with the <u>Systemic Anti Cancer Therapy dataset</u> (SACT), currently in development.

#### Why is it needed?

We needed to revise the national cancer dataset to ensure that we meet the current information requirements for the NHS. The Cancer Reform Strategy (2007) identified better information and stronger commissioning as two of the key drivers to achieve the goal that cancer services in this country should be amongst the best in the world. The subsequent Improving Outcomes: A Strategy for Cancer (January 2011) further supports this concept to demonstrate cancer outcomes using high quality data and intelligence for all stakeholders.

#### What is different from current data collection?

COSD will clarify the items that need to be submitted electronically directly to the cancer registries on a monthly basis. Many Trusts are already sending data directly to the registries from systems such as MDT software, PAS (Patient Administration Systems) and Pathology: COSD will confirm the definitions and values for these items. Many other items in COSD are already being submitted through standard NHS routes such as Cancer Waits and, apart from key items, these will not need to be resent. Most of the remaining items in COSD are site specific and are required for patient management and clinical care. These will also need to be submitted directly to the registries. Data from all sources will be linked by the registries at patient level using NHS number to complete the full dataset.

#### What is happening next?

The draft dataset was made available for comment through the NHS Information Centre website earlier this year. This version can be downloaded from the <u>COSO nage</u> of the NCIN website. However, an updated version of the dataset is being prepared following the consultation and will be available for download from the NCIN website by the end of August. There will then be a "feasibility test" of the data items in this revised draft. This will include pilot collection of the new items in a range of Trust MOTs (Multidisciplinary Teams).

#### When will the standard apply?

Any final amendments to the dataset will be made following the testing phase with the final version due to be submitted to the NHS Information Standards Board (ISB) in March 2012. If approved by the ISB the COSD will become a new Information Standard and is expected to be mandated for all NHS Trusts from 1<sup>st</sup> October 2012.

#### Further information?

The project management and running of the COSD project has now transferred from the NHSIC to the NCIN as explained in the joint NHSIC/NCIN position statement on the <a href="MCIN website">MCIN website</a>.

For further information please email cosd@ncin.org.uk

Trish Stokes, COSD Programme Manager, NCIN



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### **NCIN** website

Find out more about NCIN.



► Commissioners and Policy Makers

▶ Health Professionals



by improving and using the information collected about cancer patients for analysis, publication and research.





## **Improving Outcomes:** A Strategy for Cancer

January 2011

### Alignment with NHS reforms



- 'Improving outcomes: A strategy for cancer' sets out how the future direction for cancer will be aligned with:
- Equity and Excellence: Liberating the NHS
- Healthy Lives; Healthy people
- The new emphasis on:
  - Patient information and choice
  - Outcomes not process targets
  - Stronger commissioning
  - New arrangements for public health and local democratic legitimacy

### Key changes



- Outcomes agenda new analyses
- Standard datasets
- Improved timeliness of data & reporting
- Shared 'data' ownership



## "We can only be sure to improve what we can actually measure"

Darzi, High Quality Care for All, June 2008

## Avoidable deaths pa if survival in England = best in World



Breast	~ 2000	Myeloma	250
Colorectal	~1700	Endometrial	250
Lung	~1300	Leukaemia	240
Oesophagogastric	~ 950	Brain	225
Kidney	~ 700	Melanoma	190
Ovary	~ 500	Cervix	180
NHL/HD	370	Oral/Larynx	170
Bladder	290	Pancreas	75

[NB Prostate has been excluded as survival 'gap' is likely to be due to differences in PSA testing rates.]

Data derived from Abdel-Rahman et al, BJC Supplement December 2009

All Persons	Screen detected	Two Week Wait	GP referral	Other outpatient	Inpatient elective	Emergency presentation	Death Certificate Only	Unknown	Total	Number of patients
Acute leukaemia		3%	17%	14%	4%	57%	0%	4%	100%	2,551
Bladder		32%	28%	15%	2%	18%	0%	4%	100%	7,665
Brain & CNS		1%	17%	14%	4%	58%	0%	6%	100%	4,147
Breast	21%	42%	12%	9%	0%	4%	0%	12%	100%	34,232
Cervix	14%	16%	25%	16%	2%	12%	0%	13%	100%	2,085
Chronic leukaemia		10%	30%	12%	2%	30%	1%	16%	100%	2,869
Colorectal		26%	24%	15%	4%	25%	1%	6%	100%	27,903
Kidney		20%	29%	18%	1%	24%	1%	6%	100%	5,172
Larynx		31%	32%	21%	1%	12%	0%	3%	100%	1,583
Lung		22%	20%	13%	1%	38%	1%	5%	100%	29,420
Melanoma		41%	29%	11%	1%	3%	0%	16%	100%	8,117
Multiple myeloma		13%	27%	15%	1%	38%	0%	6%	100%	3,145
Non-Hodgkin's lymphoma		16%	30%	17%	2%	28%	0%	7%	100%	7,777
Oesophagus		25%	21%	17%	10%	21%	1%	4%	100%	6,001
Oral		26%	28%	30%	1%	6%	0%	9%	100%	3,062
Other		14%	25%	15%	2%	36%	1%	7%	100%	27,730
Ovary		26%	22%	15%	1%	29%	1%	6%	100%	5,012
Pancreas		13%	18%	12%	2%	47%	1%	6%	100%	5,989
Prostate		20%	38%	16%	3%	9%	0%	14%	100%	28,362
Stomach		17%	21%	16%	7%	32%	1%	5%	100%	5,841
Testis		48%	14%	16%	2%	10%		10%	100%	1,569
Uterus		35%	31%	16%	1%	8%	0%	8%	100%	5,733
Total	3%	25%	24%	14%	2%	23%	1%	8%	100%	225,965



## Routes to Diagnosis

3% - screening

25% - TWR

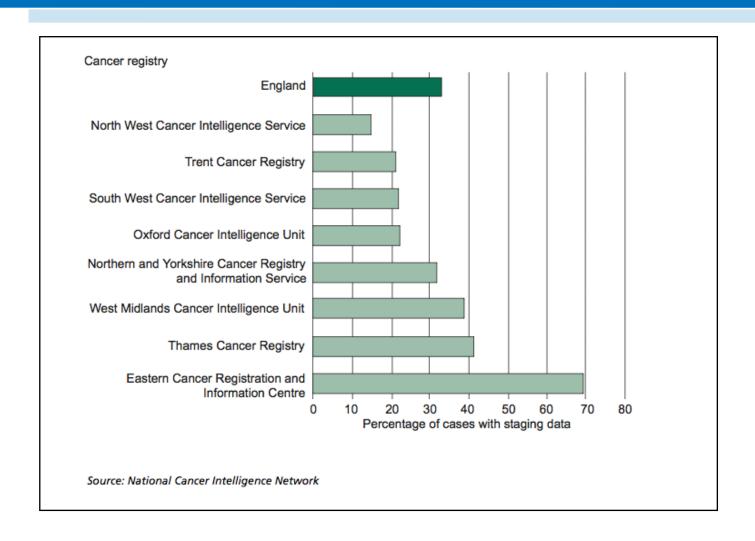
24% - GP or O/P

23% - emergency

8% - n/k

## Staging project Registry completeness - 2007





## Staging pledge 2012



### 70%completeness

- TNM
- Dukes
- FIGO
- Ann Arbor

## Other Haem Staging



#### CLL:

- PLATELET COUNT
- HEPATOMEGALY INDICATOR
- SPLENOMEGALY INDICATOR
- NUMBER OF LYMPHADENOPATHY AREAS
- RAI STAGE/
- BINET STAGE

#### Myeloma:

- ALBUMIN
- BETA2 MICROGLOBULIN LEVEL
- ISS STAGE for MYELOMA

## Cancer Datasets - Sept 2012

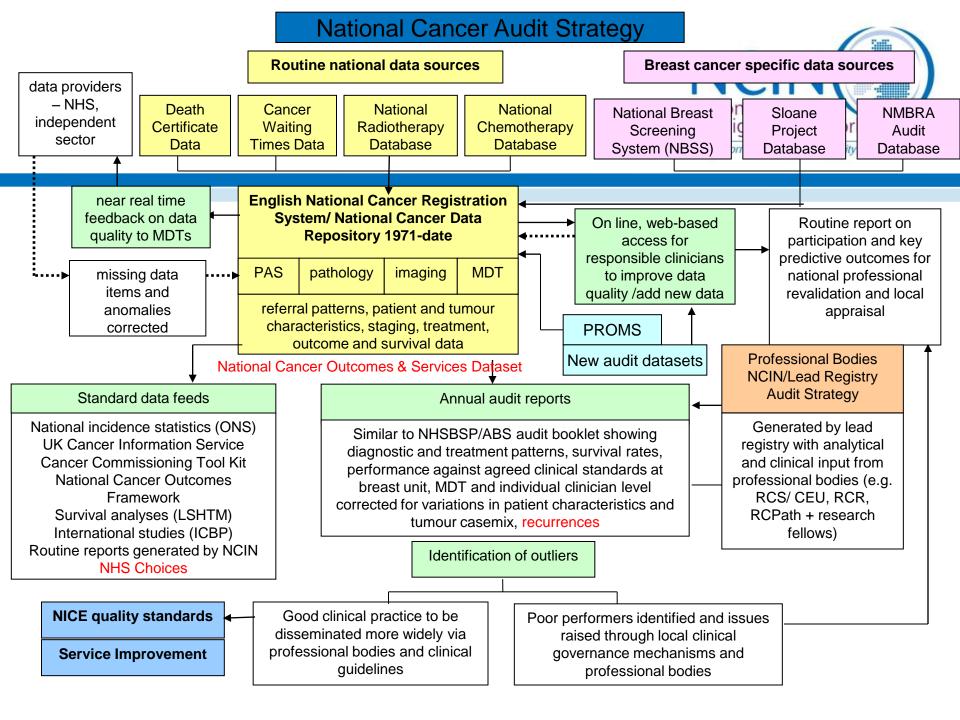


- Cancer Registration Dataset mandated for several years
- Going Further on Cancer Waits Jan 2009
- Radiotherapy April 2009
- Chemotherapy (SACT) April 2012
- Cancer Outcomes and Services Dataset Autumn 2012
- (RC Pathology Professional/Clinical Standards)
- (RC Radiology Professional/Clinical Standards)
- ?National Audits

### **COSD** features



- The new national cancer dataset
- Reporting needs v Trust submissions
- Secondary uses from patient management
- All registerable conditions
  - And secondary breast cancer
- Aligned and standardised
- Multiple data sources collect once
- Components
  - Core (Registration and Cancer Waits)
  - Site specific (cf nat audit)
  - Key pathology (core RCPath)
- Monthly submission
- Monthly feedback



## ISB Process – Where are we now?



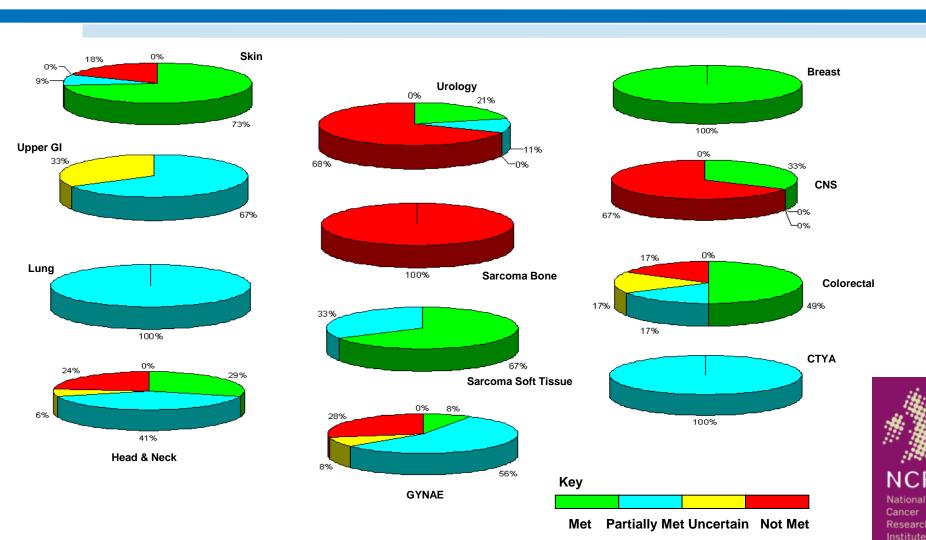
January 2010 Nov 2011 Spring 2012 **ISB** ISB **ISB** Draft Full Requirement Standard Standard Standard **Fully** Detailed Establish **Implemented** Operational **Systems** High Level "Internal" Design and Requirements Information Changed Design **Testing Testing** and Initiate Consultation Standard **FEB 11** Reference Group **OPEN DSCN** CONSULTATION Raised Trusts & systems suppliers

A mixed bag national cancer intelligence network - can it be collected? Using information to improve quality & choice 94% **BREAST** COLORECTAL SARCOMA YNAE COSD - CORE LUNG<sub>2%</sub> Type of Match ■Met ■ Partially Met ■Uncertain ■ Not Met ■Unanalysed 10% HAEM **HEAD & NECK** 92% 40% **UPPER GI** CNS SKIN CTYA HROLOGY 39%

#### Site-Specific Pathology Capability Analysis

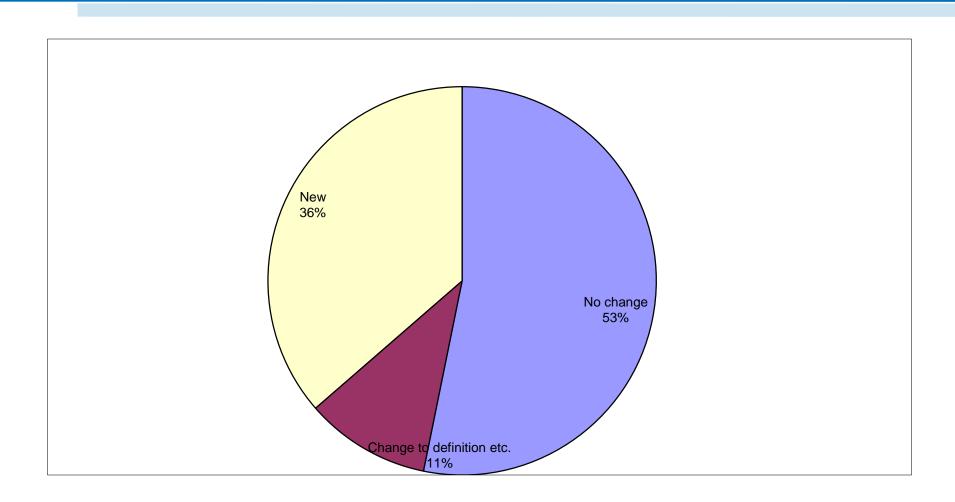
Key staging components





### The latest dataset

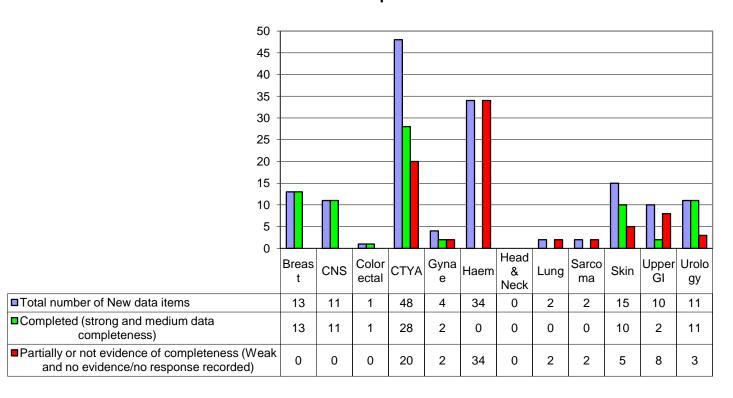




### "New" data?



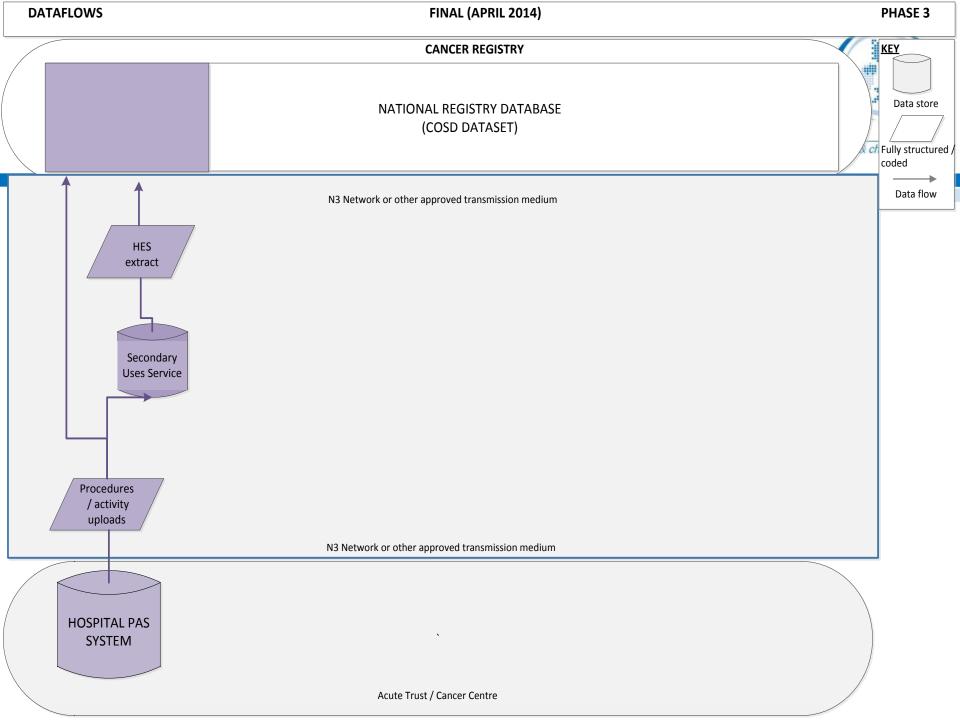
#### **Completeness Evidence**

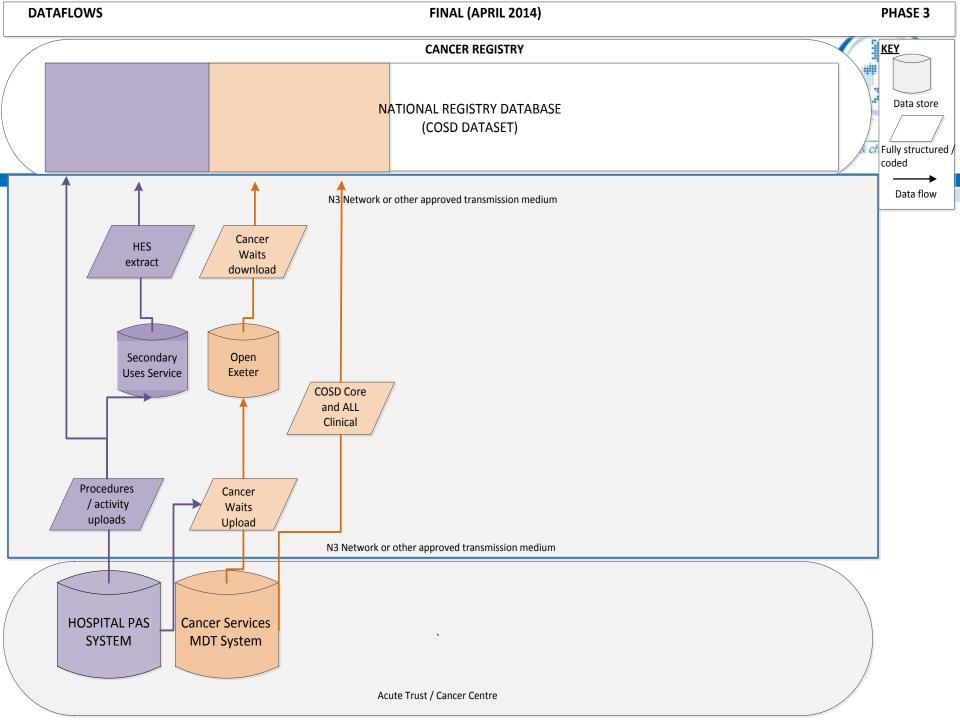


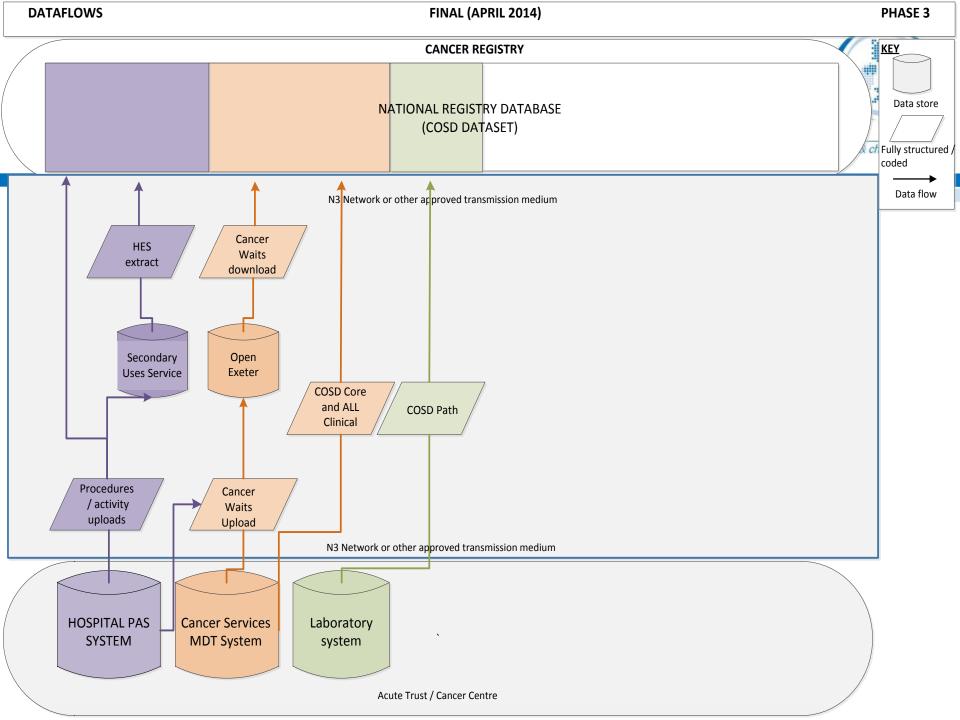
## Patient pathway

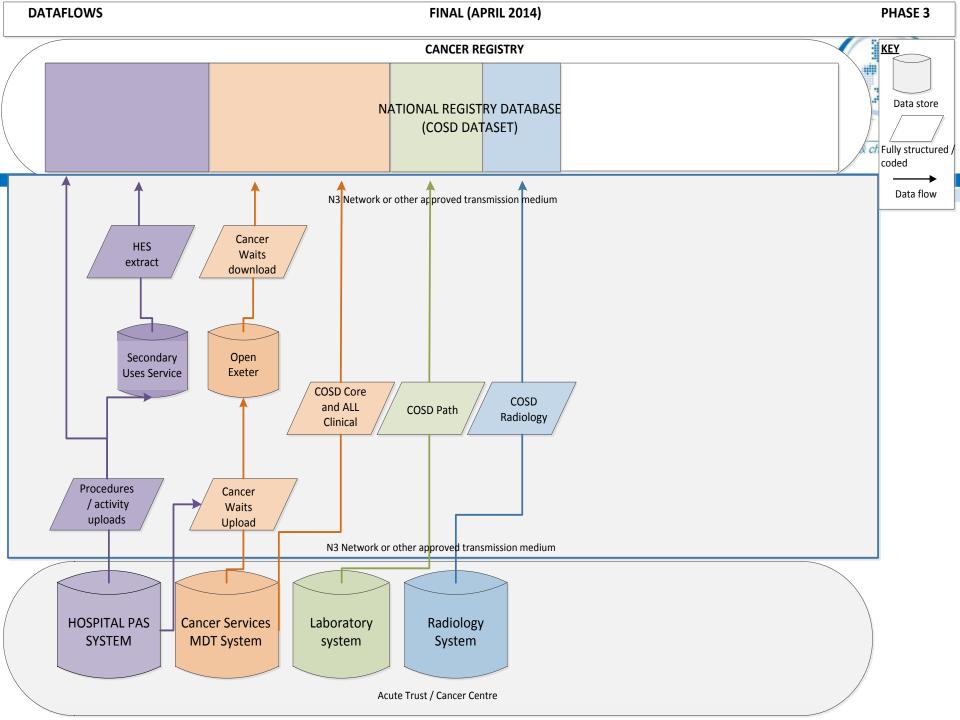


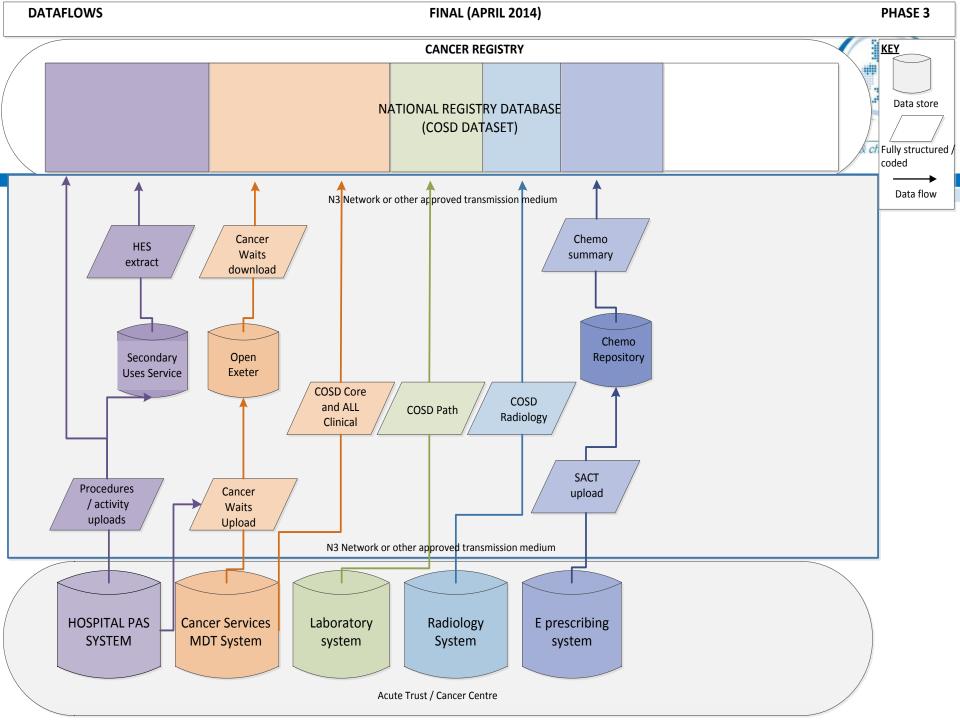
DEMOGRAPHICS REFERRAL IMAGING DIAGNOSIS CARE PLAN STAGE TREATMENT PATHOLOGY DEATH

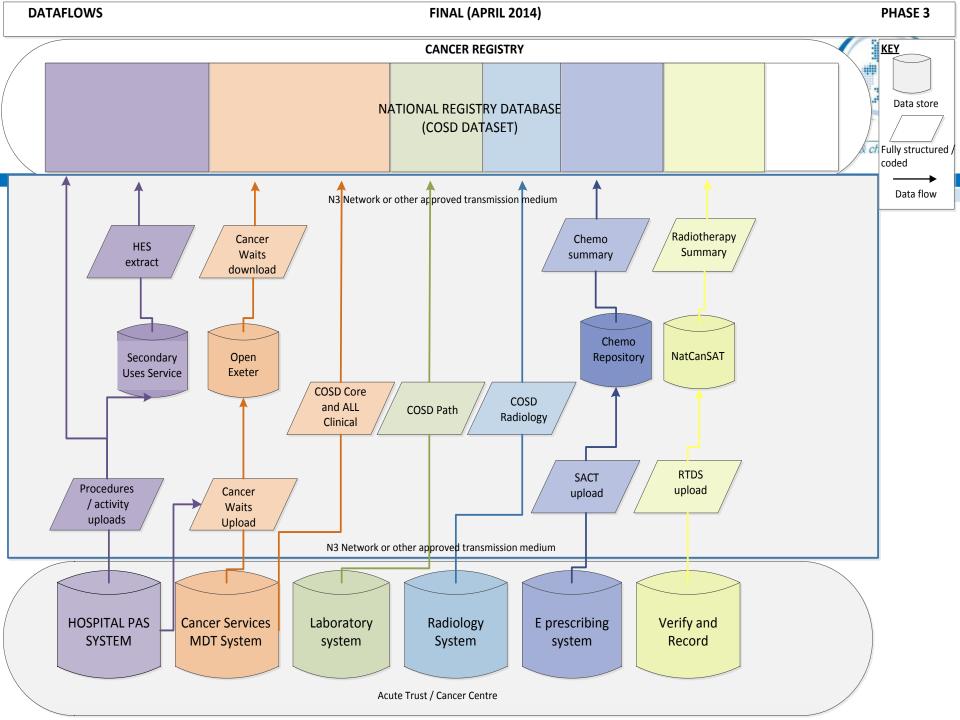


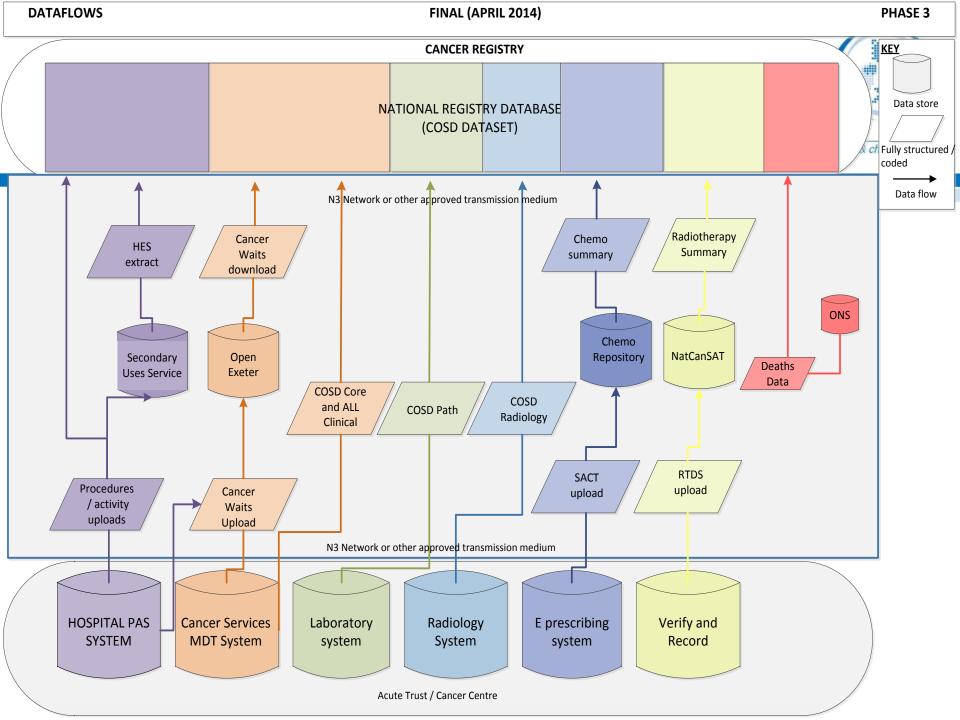












#### **COSD TRUST DATAFLOWS KEY** NATIONAL REGISTRY DATABASE (COSD DATASET) Trust Trust Trust NO Data store NO NO NO NO Trust Flows Trust Trust Flows Flows Trust Trust Trust Flows Flows Flows **Flows** Flows Flows ch Fully structured / coded Data flow N3 Network or other approved transmission medium Cancer Radiotherapy Chemo HES Waits Summary summary extract download ONS Chemo NatCanSAT Repository Secondary Open Deaths **Uses Service** Exeter Data COSD COSD Treatments Core and COSD **COSD Path** ALL Radiology Clinical **RTDS** SACT Procedures / upload Cancer upload activity Waits uploads Upload N3 Network or other approved transmission medium Cancer **HOSPITAL** Services Radiology E prescribing Verify and Laboratory **PAS** MDT system System system Record **SYSTEM** System Acute Trust / Cancer Centre



# Thank you Any Questions

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www.ncin.org.uk