

COSD – one year on

Sarcoma Workshop
January 2014
Trish Stokes



A recap - COSD



- New national cancer dataset incorporates registration
- Whole patient pathway
- Aligned and rationalised with other cancer datasets
- Includes generic and site specific data
- Submitted monthly most data from MDT systems and Path systems
- Monthly feedback
- Phased implementation Jan 13 Jan 15
- Oversight by COSD Governance Board

Core dataset



- Referral through to treatment for all patients
- Initial Focus on :
 - Diagnosis
 - Basis of diagnosis
 - Performance status (for adults)
 - Contact with CNS
 - MDT discussion
 - Stage (TNM and site specific)

Sarcoma - Site Location



- SARCOMA TUMOUR SITE (BONE)
- SARCOMA TUMOUR SUBSITE (BONE)
- SARCOMA TUMOUR SITE (SOFT TISSUE)
- SARCOMA TUMOUR SUBSITE (SOFT TISSUE)
- MULTIFOCAL OR SYNCHRONOUS TUMOUR INDICATOR

Sarcoma – Pathology data



- HISTOPATHOLOGICAL TUMOUR GRADE
- GENETIC CONFIRMATION
- BONE
 - EXTENT OF LOCAL SPREAD
 - TUMOUR NECROSIS
 - TISSUE TYPE AT NEAREST MARGIN
- SOFT TISSUE
 - TUMOUR DEPTH
 - MITOTIC RATE (GIST)

Maintenance and ISB process (NCIN)



- Development of Level 4 (analytical) reports
- Complex dataset not quite got it right yet!
- Annual revision to keep dataset up to date
- Latest revisions –approved by ISB
 - Standardisation of size measurements to 2dp
 - New fields for Report groupings to align with CCGs
 - Other minor amendments for clarity and current practice (incl Mitotic rate for GISTs)
 - SNOMED CT pilot project (Procedure codes and Path T and M fields)
- Formal change request process through COSD helpdesk
- Regular Newsletter, User Guide and website

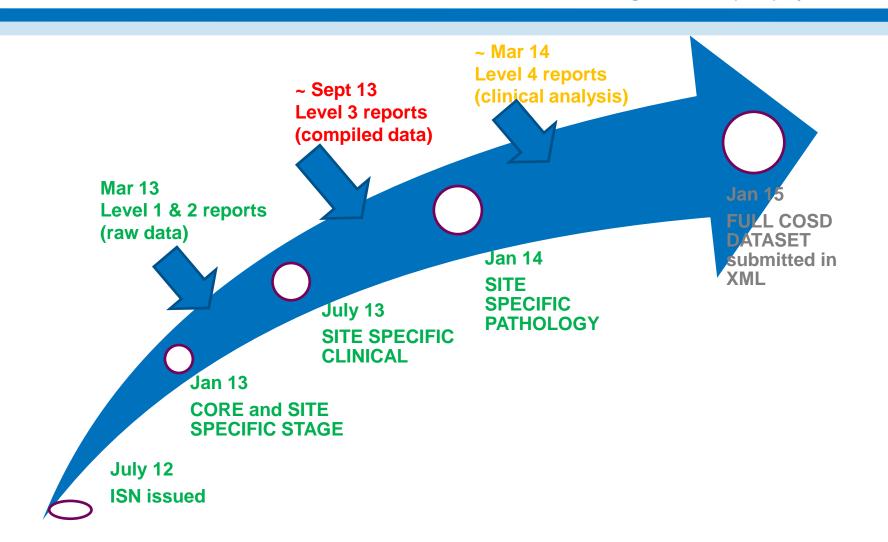
Online learning for non clinical staff





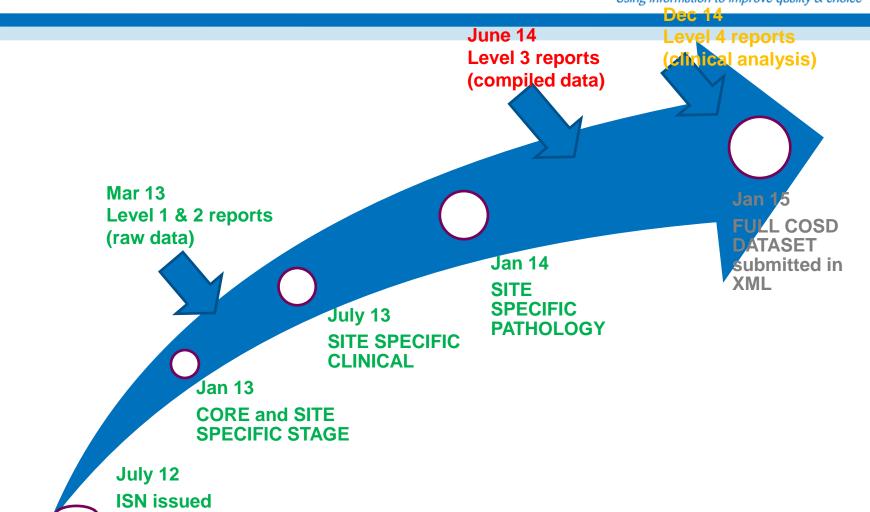
Timetable





Timetable





Reporting feedback



- Reporting portal
- 1. Fact of submission (files)
- 2. Data Quality (raw data)
- 3. Quality assurance (processed data)

- Analytical reports led by NCIN
- 4. Clinical analysis (processed/summarised data)

Cancer registration



- Separation of registration and analysis within PHE
- Analysis by PHE Knowledge and Intelligence Teams and NCIN
- National Cancer Registration Service
 - Single system (ENCORE) and processes
 - Collate data from multiple sources
 - Timely feedback

Implementation progress

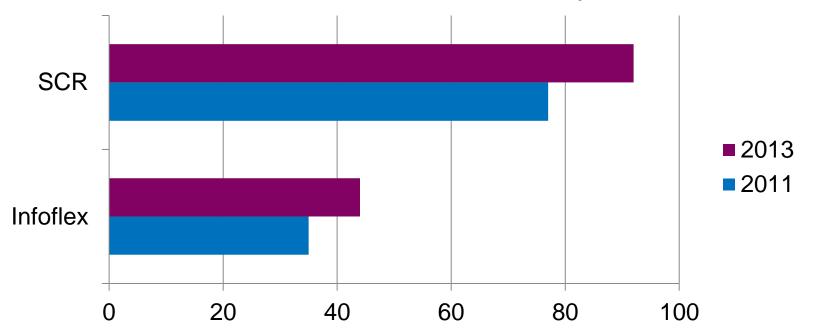


- Implementation led by NCRS
- Data Transfer Agreements signed with Trusts
- ~160 trusts submitting MDT data files
- Data liaison lead appointed to work with Trusts
- Reporting portal established feedback on files received and key fields in raw data submitted
- Revision of reporting portal expected Feb 2014
- Registration feedback deferred to 2014

MDT systems in place



25% increase in use of two main systems

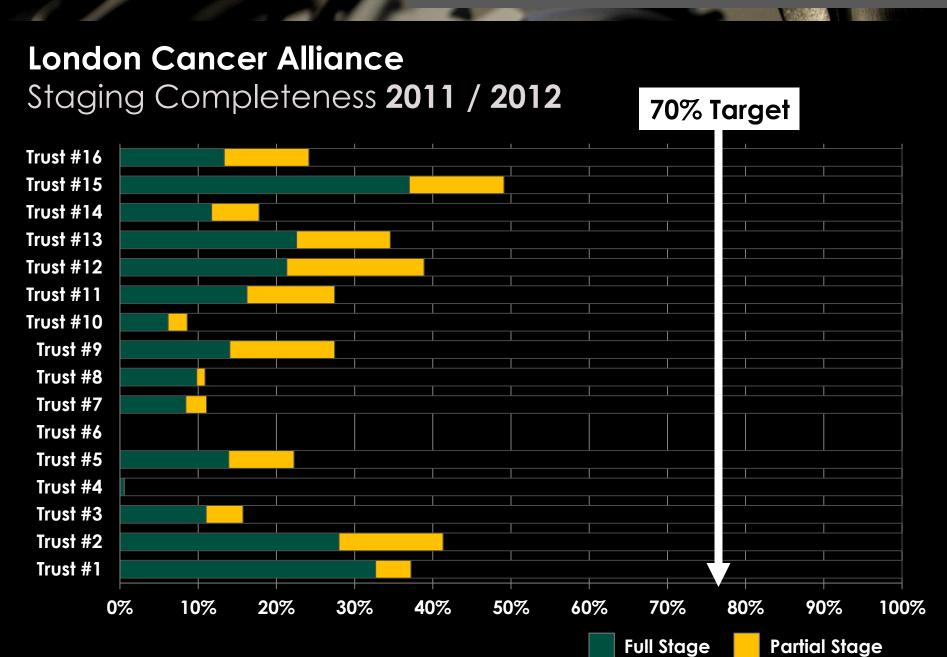


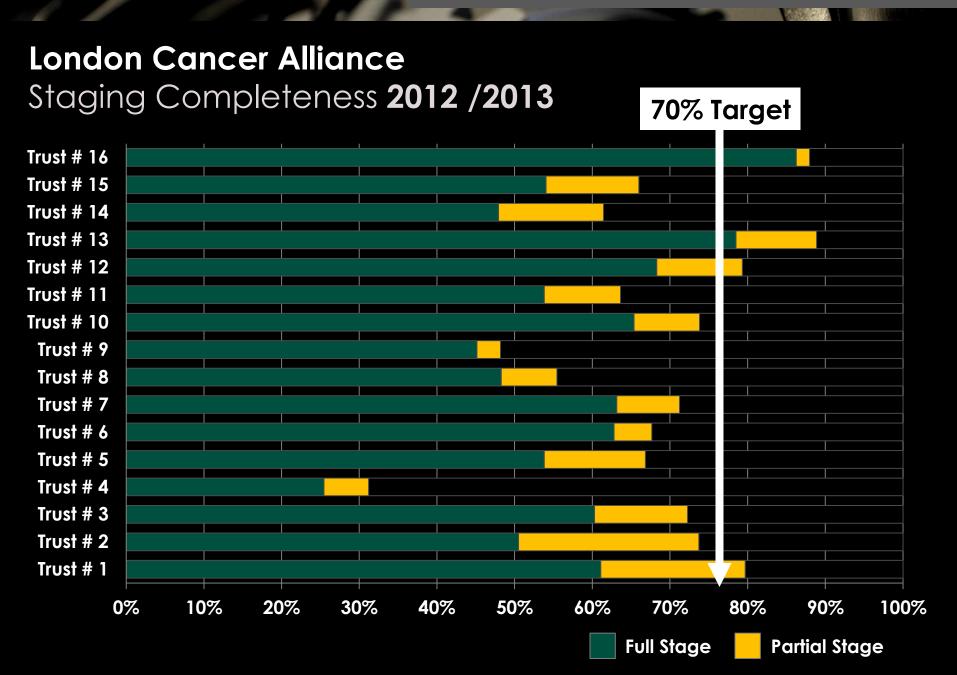
Standard template for trusts with no system

Data Liaison Team



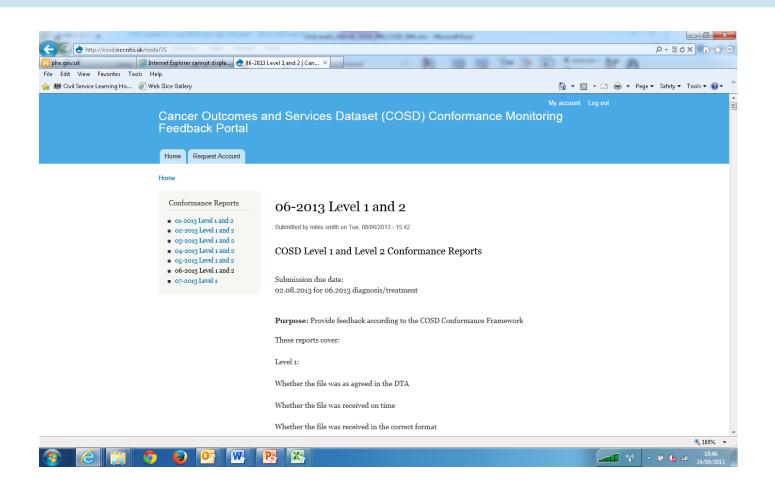
- National lead appointed
- Officer at each branch office
- Working with Trusts to improve data quality and completeness
- Concentration on key fields to start with eg stage completeness





Reporting portal http://cosd.ncr.nhs.uk/





Reporting feedback developments



- Revised feedback reports in progress (Level 1 and 2)
- Changes to be shown over time
- Separate online reports for each tumour group
- Revised tumour groupings and total by Trust
- Compiled registrations (Level 3) deferred to mid 2014



National Cancer Registration Service COSD Conformance Reporting Site

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Level 1 Reports

- Level 1.1 Report
- Level 1.2 Report
- Level 1.3 Report

Report Descriptions

Click headings to show descriptions...

> Level 1.1

Have all the agreed COSD data files been received as per the COSD Data Transfer Partnership Agreement?

Trusts would be expected to send a monthly submission of all files agreed in their COSD Data Transfer Partnership Agreement. For a trust to be compliant with Measure 1.1, ALL the required files must have been received on time for that month. If one or more is missing or late, the trust will be non-compliant. Please refer to Measure 1.2 to see details of individual data feeds

> Level 1.2

> Level 1.3



Level 2

Data quality – raw data



- By MDT/Tumour group and Provider for month of diagnosis (invasive and non invasive)
- Available within one month of submission
- For Trusts submitting in XML/structured format
- How do you want to get feedback?



National Cancer Registration Service COSD Conformance Reporting Site

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Level 2

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Level 2 Report Descriptions

Click headings to show descriptions...

> Level 2.1

> 2.1a: No. tumours diagnosed per month

Number of tumours diagnosed in the calendar month.

Number of cases diagnosed within the reporting month either as a trust overall summary or by selected site groups.

Calculated using CR0370 (Primary Diagnosis ICD10) and CR2030 (Date of Diagnosis).

> 2.1b: No. with a treatment record submitted

> 2.1c: No. with a first treatment of surgery

> 2.1d: No. with a basis of diagnosis

> 2.1e: No. with histological basis of diagnosis

> 2.1f - No. with CNS indication code

> 2.1g: No. had contact with CNS

> 2.1h: No. patients aged under 25

> 2.1i: No. discussed at MDT Meeting

> Level 2.2

> Level 2.3

st	Derby Hospitals NHS Foundation Trust		•	Year	r		2013		•												
th	lanuary, February, March, April, 💌			Tum	our Gr	опр	All Site														
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L2.1 -	Data Quality and Completeness for Diagnosis Period						Invasiv Invasiv	e Head	d And Ñ	eck Ca	ancers										
L2.1a	Number of Cases Diagnosed	2	89	2	24		Invasiv Invasiv					Bladde	r Canc	ers					В		33
2.1b	Number of Cases Diagnosed with a Treatment Record Submitted	9	94	7	73	1	Invasiv Invasiv	e Lung	Cance	rs									2		29
2.1c	Number of Cases Diagnosed where the First Treatment was Surgery	8	30	6	32	1	Invasiv	e Non	- Melan	ioma S	kin Ca	ncers							6		29
L2.1d	Number of Cases with a Basis of Diagnosis	242	84%	150	67%	154	Invasiv Invasiv	e Pano	reatic (Cancer									96%	30	9
2.1e	Number of Cases with a Histological Basis of Diagnosis	165	57%	106	47%		Invasiv Invasiv				s								74%	28	8
.2.1f	Number of Cases with a CNS indication Code Submitted	11	4%	2	1%	0 1	Non-In Non-In	/asive	<u> </u> Bladde	r Cano	er								8%	0	
2.1g	Number of Cases Diagnosed who had a CNS Contact	10	3%	2	1%	0	Non-In	/asive	Cervica	al Can									8%	0	
L2.1h	Number of Cases Discussed at an MDT	118	41%	73	33%	88	Other I	nvasiv	e Canc	ers 143	JU /6	IZJ	4070	142	40 /6	110	4170	110	41%	3	
L2.2 -	Completeness for All Cases Discussed at an MDT																				
L2.2a	Number of Cases with a Performance Status	39	33%	39	53%	51	58%	39	32%	40	28%	31	25%	33	23%	24	21%	26	24%	0	
L2.2b	Number of Cases with a Full Stage	35	30%	22	30%	38	43%	33	27%	41	29%	41	33%	48	34%	32	28%	35	32%	0	(
L2.2c	Number of Cases with a Performance Status and Full Stage	17	14%	18	25%	24	27%	16	13%	24	17%	21	17%	23	16%	11	9%	18	16%	0	(
L2.3 -	Breakdown of Staging Completeness by Cases Discussed at MDT																				
L2.3a	Total and % Cases with a Full Stage	35	30%	22	30%	38	43%	33	27%	41	29%	41	33%	48	34%	32	28%	35	32%	0	
	Total and % Cases with a Partial Stage	14	12%	8	11%	9	10%	4	3%	12	8%	10	8%	11	8%	10	9%	8	7%	0	-
L2.3b	Total and % Cases with a Full Pre-Treatment Stage	31	26%	20	27%	31	35%	20	16%	36	25%	34	27%	32	23%	22	19%	30	27%	0	-
	Total and % Cases with a Partial Pre-Treatment Stage	14	12%	8	11%	9	10%	4	3%	12	8%	10	8%	11	8%	10	9%	8	7%	0	(
2.3c	Total and % Cases with a Full Integrated Stage	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	(
	Total and % Cases with a Partial Integrated Stage	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	(

Reporting feedback - Level 2.1



- a) Number of tumours diagnosed in the calendar month.
- For all diagnoses in the month, the number and percentage of cases supplied....
 - b) with a treatment record submitted
 - c) with a first treatment of surgery (to inform responsibility for integrated staging see
 2.3c)
 - d) with a basis of diagnosis (Not including "not known")
 - e) with a histological basis of diagnosis
 - f) with a Clinical Nurse Specialist indication code (Not including "not known")
 - g) who had contact with a Clinical Nurse Specialist
 - h) for patients aged under 25
 - i) discussed at a Multi-Disciplinary Team (MDT) Meeting



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Level 2

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> 2.1i: No. discussed at MDT Meeting

> Level 2.2

> Level 2.3



COSD Conformance Summary Level 2

L2.2b - Number of Cases with a Full Stage for All Sites

Click Trust name for full MDT data quality and completeness report

					2013																
	J	Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct	
TOTAL		6926		6627		6940		7227		7740		6837		7444		6537		5685		338	
Cheshire And Mersey		710		732		732		663		729		689		729		612		555		30	
Merseyside & Cheshire	710	63%	732	66%	732	65%	663	60%	729	63%	689	61%	729	61%	612	62%	555	58%	30	48%	
Aintree University Hospitals NHS Foundation Trust	129	54%	120	59%	128	58%	117	52%	115	51%	107	50%	120	52%	114	49%	122	53%	5	38%	
Alder Hey Children's NHS Foundation Trust	0	0%	1	20%	0	0%	0	0%	0	0%	0	0%	1	14%	3	33%	1	14%	0	0%	
Countess Of Chester Hospital NHS Foundation Trust	52	50%	45	42%	62	61%	41	55%	53	50%	61	51%	45	45%	40	47%	40	38%	4	67%	
Liverpool Heart and Chest NHS Foundation Trust	52	88%	49	70%	29	83%	42	81%	52	81%	39	89%	32	84%	29	81%	25	68%	0	0%	
Liverpool Women's NHS Foundation Trust	37	69%	32	62%	41	84%	29	66%	30	68%	32	78%	27	71%	19	59%	13	50%	7	54%	
Royal Liverpool and Broadgreen University Hospitals NHS Trust	14	31%	19	48%	41	48%	42	46%	58	46%	63	45%	49	36%	7	37%	0	0%	0	0%	
Southport and Ormskirk Hospital NHS Trust	75	63%	67	59%	75	65%	45	52%	62	73%	51	62%	60	62%	50	56%	44	52%	3	75%	
St Helens and Know sley Hospitals NHS Trust	187	84%	225	92%	194	82%	188	83%	189	86%	199	80%	227	84%	199	86%	187	84%	5	71%	
The Walton Centre NHS Foundation Trust	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Warrington and Halton Hospitals NHS Foundation Trust	19	37%	18	37%	17	38%	14	27%	14	52%	2	67%	2	12%	1	33%	6	23%	0	0%	
Wirral University Teaching Hospital NHS Foundation Trust	145	79%	156	83%	145	73%	145	75%	156	69%	135	69%	166	74%	150	69%	117	62%	6	67%	
East Midlands	1	157		148		113		91		220		49	218		149		156		3		
East Midlands	157	38%	148	39%	113	42%	91	33%	220	34%	149	29%	218	32%	149	28%	156	30%	3	11%	
Burton Hospitals NHS Foundation Trust	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	3	100%	1	100%	6	43%	0	0%	
Derby Hospitals NHS Foundation Trust	35	30%	22	30%	38	43%	33	27%	41	29%	41	33%	48	34%	32	28%	35	32%	0	0%	
Kettering General Hospital NHS Foundation Trust	37	27%	31	22%	30	24%	0	0%	44	32%	0	0%	0	0%	0	0%	0	0%	0	0%	
Marthaussian Connect Henrifold III C Touri	nr.	F20/	05	F70/	45	750/	rr	C00/	440	F00/	70	E 40/	440	FC0/	00	E40/	nr.	400/		4000	

Reporting feedback – L2.2 and L2.3



- L2.2 For all cases discussed at an MDT Meeting, the number and percentage supplied....
 - a) with Performance Status (not applicable for patients aged under 16)
 - b) with a full stage value
 - c) with performance status **and** a full stage value
- L2.3 For all cases discussed at an MDT meeting, the breakdown of Staging Completeness by cases having...
 - a) Any Stage
 - b) Pre-Treatment Stage
 - c) Integrated Stage (for all cases with a first treatment of "Surgery" [2.1c])
 - d) Site-Specific Stage

Reporting feedback - L2.4



- All cases receiving treatment in the calendar month broken down by
 - a) Surgery
 - b) Radiotherapy
 - c) Chemotherapy
 - d) Non-active Therapy

Level 3 – Reports on registered cases



- Due summer 2014
- Availability through reporting portal
- Based on same data as Level 2 reports
- Complied to cover whole pathway for shared patients
- Additional site specific feedback to support Level 4 analysis

Level 4 - Clinical reports



- NCIN leading
- Development during 2014
- Consultation with clinical teams
 - SSCRGs
 - Network site specific groups
 - NHS England Sean Duffy (one year survival)
- Need to align with
 - Service profiles
 - Peer review clinical lines of enquiry
 - Commissioning and SCNs
 - National and professional body audits

Summary



- NCIN leading maintenance and ISB
- NCRS leading implementation
- Whole dataset should now be collected
- Reporting feedback under revision due imminently!
- Summary reports mid year
- Analytical reports by end of year



Thank you

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Queries to: cosd@ncin.org.uk



Cancer Outcomes Conference 9 & 10 June 2014 Hilton Birmingham Metropole

www.ncin.org.uk/conference



The Cancer Outcomes Conference 2014 will explore the 'power of information' both locally and nationally.

It will examine how UK-wide cancer registration data and other health related datasets are being exploited to reduce cancer incidence, mortality and morbidity.

To find out more, visit www.ncin.org.uk/conference



