Group Discussion

COSD - What works, what doesn't and future changes (additions, deletions and why)?

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Group Discussion…

- **<u>30 Minutes</u>**

- Is the dataset too big?

- What data are really difficult to collect and why?

    - laboratory results, CTYA, Haematology, other data or processes

- Should the dataset be reduced in size?

    - If so, what should we remove and why?

- What new things would you like to see in COSD in the future? Think about:

    - who is going to collect these?

    - how easy they are to collect?

    - what are they going to be used for?

- The next COSD change will be in 2020, so this is your chance to influence this change. **"Your opinions really matter"**

![Public Health England logo]

Things to think about…

- **What Works?**
  - Improved Clinical Trials or the new CNS Indication Code (Y5).
  - The ability to record all MDT's a patient goes through and where this took place
  - Improved linkage with CWT / NLCA / NPCA and other audits
- **What Does Not Work?**
  - Too many items to collect, if so where (CTYA, Haematology, Core)?
  - Lab results difficult to collect
    - Why?
    - Are they of use?
  - Staging for Haematology or CTYA Difficult, if so why?
    - Do you get clinical support

Things to think about…

- **Future Changes**
  - What would you like to see in the future versions of COSD and why?
  - What would you like to see removed and why?
    - Is COSD to big?
    - Is COSD to difficult to collect (explain)?
    - Is COSD to clinical?
  - Do we need to have a smaller / simpler set of data to collect?

- **Future Workshops**
    - Would you like to be part of any future workshops to review COSD?

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