Cancer Outcomes Services Dataset – 25 January 2018

Group Discussions – Workshop, Newmarket

Hospital/Trust	Discussion-Notes
Table A	Clinician Impact - What's needed and why for all data items - Linking PAS into Somerset – Other systems - Turn around for results + recording real time - Clinical documents template – Good for small real time items PS. Smoking, Co-mord & Menopause
Table B	- Tumour LAT/Diagnosis- collected at MDT But disappears after MDT - COSD – Data clerks :More and more info needed but no staffing increase
Table C	• Pathology Dataset is a problem Path suppliers don't prioritise COSD changes - IT Issue, Trust merging therefore one cancer system is hard - Are Senior Managers aware of the changes? - Are Teams aware of ALL the changes? - Time constraints within MDT already for data collection. - How important do clinicians find this? - Engagement from Exec + Clinical Team - Do we have enough MDTs IPPCs to collect this information - Data collection person in each cancer team - The data collection is too big, would be nice to have a category of importance so Trust know what to prioritise. - HNA is extremely time consuming - Funding for clinical fellow as clinical champion
Table D	Too Big! - Needs refining/streamlining - Neds to be aligned with all audit to reduce duplication Is everything really required? - Practically can it all be collected accurately? *Haem Fields: Too many data points – Most data not easy to find. Not discussed at MDT - Resources restrictions for data entry/integrated. IT systems, make it difficult
Table E	**COSD** Is It Too Big – Yes! - Pathology – Out…..Make it a separated entity - Staging too complex (not for administrators - Should be clinical function) - MDT Function – Most MDT's are too long (too many patients) to have the time to complete COSD staging functions - Issues - Actually collecting the data. MDTC Training/recruitment/retentions issues MDTs responsibilities that sit with Band 3, Band 4 and non-clinical staff

Table F	<u>Difficult….</u> NBOCAP - Colo – Pre-treatment staging COSD - Haem – All Ann Arbor, Binets & Rai Stage – Addesbrooks - IGI – Addies staging - Smoking & Alcohol – needs to be collected in clinic OPA - Sexual Orientation – PMS - Liver Items – Alderbrook's - HNA – Needs an admin post to support this. <u>Info Flex</u> <u>Works well</u> Live collection of data @ MDT – Lung, Breast Skin <u>Future Changes</u> - Trust Level mortality/Survival rates - All national datasets within COSD submissions
Table G	Pathology **–** Data record in text repeat but % recording of coded data is low Separation of pathology v Pathway data is good Integration of COSD/ audit is good. Skip MDT. Diagnosed at GP But discussed at MDT.
	Is it too big? – Yes not possible to collect all data items due to available resources, multiple computer systems. • Investment in clinical time, MDT support, Cancer Services & engagement. Imaging & Pathology difficult to collect - Do we go to cost effect of developing interfaces What is clinical – What is non-clinical Data? Size of datasets depends on what it's being used for.