Public Health
England

Protecting and improving the nation's health

National Cancer Intelligence Network

Cancer Outcomes and Services Dataset (COSD) Version 6.0

Implementation guide

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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The Intelligence Networks

Public Health England operates a number of intelligence networks, which work with partners to develop world-class population health intelligence to help improve local, national and international public health systems.

National Cancer Intelligence Network

The National Cancer Intelligence Network (NCIN) is a UK-wide initiative, working to drive improvements in cancer awareness, prevention, diagnosis and clinical outcomes by improving and using the information collected about cancer patients for analysis, publication and research.

National Cardiovascular Intelligence Network

The National cardiovascular intelligence network (NCVIN) analyses information and data and turns it into meaningful timely health intelligence for commissioners, policy makers, clinicians and health professionals to improve services and outcomes.

National Child and Maternal Health Intelligence Network

The National Child and Maternal Health Intelligence Networks (NCMHIN) provides information and intelligence to improve decision-making for high quality, cost effective services. Their work supports policy makers, commissioners, managers, regulators, and other health stakeholders working on children's, young people's and maternal health.

National Mental Health Intelligence Network

The National Mental Health Intelligence Network (NMHIN) is a single shared network in partnership with key stakeholder organisations. The Network seeks to put information and intelligence into the hands of decision makers to improve mental health and wellbeing.

National End of Life Care Intelligence Network

The National End of Life Care Intelligence Network (NEoLCIN) aims to improve the collection and analysis of information related to the quality, volume and costs of care provided by the NHS, social services and the third sector to adults approaching the end of life. This intelligence will help drive improvements in the quality and productivity of services.

Contents

Amendment history

Version	Date	Amendment History
6.0	18/12/2014	Updated for COSD v6.0 changes (pre publication)
6.1	30/01/2015	Minor changes only

1. Introduction

The following guidance is intended to support providers of cancer services and developers to prepare for the implementation of the Cancer Outcomes and Services Dataset (COSD) v6.0 from April 2015. All documents (or links to them) can be found on the NCIN website - COSD pages unless otherwise stated.

All providers are already submitting the current version of COSD and this guidance is intended to support identification and implementation of the changes proposed.

1.1. Implementation approach

The implementation of COSD is managed by the National Cancer Registration Service (NCRS) directly with its data providers. The principal approach is to work in partnership with clinicians and their information, management and multidisciplinary teams to implement the standard successfully.

Trusts should contact their NCRS office to discuss any issues.

Any issues regarding the standard itself or change requests should continue to be sent to the NCIN datasets team at cosd@ncin.org.uk.

1.2. Background

The Cancer Outcomes and Services Dataset (COSD) provides a standard for secondary uses information required to support the implementation and monitoring of ‘Improving Outcomes: a strategy for cancer’ (IOSC). The COSD replaced the previous National Cancer Dataset and the Cancer Registration Dataset.

The standard is required by the Department of Health for the purposes of assessing the implementation of IOSC. The standard also supports national statistics, allowing local and national comparisons of performance and service activity. This enables organisations providing cancer services to assess their progress towards the implementation of IOSC. Additionally, the output supports commissioning and service development through the provision of relevant information on service delivery and outcomes.

1.3. Summary of changes

The implementation guide has been updated to align with the changes proposed to the dataset in version 6.0. This is a change to the standard which introduces some amendments to the current dataset, an extension of scope and a revision of the current schema specification in order to continue to meet the business objectives of the standard. It also extends the deadline for submitting pathology extracts in XML to 1 January 2016.

1.4. Status of documents

Assurance that this information standard is appropriate for the use specified in the specification document has been provided by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents:

- specification
- implementation guide

In addition, a change request provides an overview of the change from the last version of the standard.

An Information Standards Notice (SCCI1521 Amd 17/2014) has been issued as a notification of use and implementation timescales. Please read this alongside the listed documents.

The controlled versions of these documents can be found on the HSCIC website.

These documents are intended to support providers and developers who wish to identify and plan the changes in advance. (Most of these changes have previously been published on the NCIN website as COSD Draft Dataset v1.3 October 2014 – developer version).

1.5. Changes to systems

Please note that the COSD specifies the data which Providers are required to submit to the NCRS for secondary uses and does not define record level data to be used in the delivery of care. The data for COSD should be derived from patient identifiable data which are already recorded for the purpose of care management.

2. Implementation process

Please note that all deadlines unless otherwise stated relate to the month of diagnosis, not the month of submission.

Step 1: **read** the change request

This provides a summary of the changes to the dataset, schema and timescales for delivery.

Step 2: **read** the dataset and user guide v6.0

These provide the detailed information and explanation about the data items in the dataset, definitions and values which can be recorded. These are divided by tumour group and will give you an idea of what will need to be submitted for different types of cancers. The user guide also includes further details to support this and should be read in conjunction with the dataset.

COSD Version 6.0 Dataset should be reviewed to identify changes to the current submissions.

All changes are highlighted in the relevant worksheets and specified in the change control log.

There are also three additional worksheets which list the changes as either:

- **substantial** - significant changes to the dataset such as additional items or values which require changes to systems and possibly to processes
- **cosmetic** – minor modifications such as format restrictions which are unlikely to require changes to processes and only minimal changes to systems
- **schema mandation only** – removal on previous mandation for all but linkage data in the XML extracts. As this ‘relaxed schema’ was already being trialled this is unlikely to require changes to either systems or processes

The COSD v6.0 user guide should be read in conjunction with the dataset for additional information and guidance.

Step 3: **identify** and **discuss** with stakeholders

It is essential to engage with those who are involved in recording, checking, submitting and using the data in or for your organisation. This will probably include some or all of the following (names may vary) but this list is not exhaustive:

- clinical teams (Multidisciplinary Teams)
- MDT Coordinators

- cancer services manager
- cancer data manager
- informatics/IT department
- software suppliers
- Strategic Clinical Network team
- commissioners
- National Cancer Registration Service (local office)

Step 4: **plan** how you will implement

Implementation of the new version of the dataset is phased between April 2015 and July 2015. This means that during the three month implementation phase both versions of the dataset can be submitted. From July 2015 only the amended version will be accepted.

Not all the data will need to be submitted immediately, but you need to be sure you have considered all the issues.

Step 5: **prepare** for XML pathology submissions

Providers are also asked to produce a plan to describe how they will achieve the requirement to submit pathology data in XML by January 2016. This should be discussed with the NCRS and should be submitted to the local NCRS office not later than July 2015.

Public Health England and the NHS are working together to consider possible solutions to XML submissions for pathology and providers are encouraged to review the NCIN website and the COSD newsletter for updates

Step 6: **check** your current state of readiness

The two main issues to be considered are systems capability (can the data items be collected electronically) and completion and collection (are the data items collected).

Systems (software): many of the new or amended data items in COSD will already be recorded electronically in your trust. Check what system changes are needed to meet the amendments

Processes: are any changes to process required?

> **Collection**: you will also need to check if the new data fields which are already on the systems are being completed already and if not identify who will collect them and at what stage in the patient pathway.

QA and submission: it is essential that clinical teams are confident in the data being submitted for their patients. You should already have processes in place to assure the data but may need to check that these are still applicable

Step 7: **put** COSD on the agenda

Make sure that clinical colleagues are aware of COSD by raising it at any network meetings. This could include Network Site Specific Groups (NSSG) meetings and any other relevant clinical network or trust events.

Step 8: **talk** to your software supplier/customers

If you have a commercial system, you will need to speak with your supplier to confirm the timescale for any necessary changes to the cancer management system you use (see following steps if you have an in house system).

Similarly software suppliers will need to talk with their customers to agree dates for rollout of systems.

Step 9: **read** the technical guide

The technical guide has been updated for Dataset v1.2 and a prepublication version for Dataset v6.0 will be available on the NCIN website from January 2015. this includes details of who to contact for ad hoc support.

Step 10: **sign up** to the XML workshop

The NCRS, with the HSCIC and NCIN are planning to run a workshop early in the new year. This will be aimed at representatives from all trusts who would like assistance in developing XML feeds from their cancer management systems in order to submit the January diagnoses in XML format in March 2015. These will be aimed at technical teams who will be developing submission files.

Step 11: **read** the Information Standards Notice (ISN)

This is the official notification that the Information Standard has been accepted by the SCCI. It will provide an outline of the standard and timeframe for compliance. Compliance with ISNs will normally be included in contracts between IT software suppliers and their customers.

This is expected to be circulated in mid February 2015.

Step 12: **read** the COSD v6.0 Specification

This provides a more detailed description of the information standard and will be published at the same time as the ISN.

Step 13: **attend** your SCN roadshow

The NCIN and the NCRS are planning to visit every Strategic Clinical Network between February and June 2015 to give an update on all the cancer datasets including COSD and cancer information available for providers. We will be working with each SCN to organise the Roadshows and to help identify the key issues for the local trusts. The roadshows are expected to take a full day and will be an opportunity for both central teams and clinical teams to find out more, discuss issues and ask questions.

Step 14: **check** for updates

The NCIN website will continue to publish additional information and updates in the COSD webpages.

Feedback on current submissions is available from the COSD Conformance portal. Access and registration issues should be sent to the local registry contacts shown on the home page.

Editions of the COSD newsletter will be published periodically to advise of updates. If you would like to be added to the circulation list please contact: cosd@ncin.org.uk.