

National Disease Registration Service (NDRS)

Key Performance Indicators:
Performance Status & CNS Indication Code 101
v1 June 2024

Welcome to this NDRS training module, which has been designed as a quick guide to Performance Status & CNS Indication Code entry

PS & CNS 101: Performance Status (Adult)

A World Health Organisation classification indicating a person's status relating to activity / disability

0	Able to carry out all normal activity without restriction
1	Restricted in physically strenuous activity, but able to walk and do light work
2	Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
9*	Not Recorded

*This should only be used where it has not been possible access a patient's performance status and will not count towards data completeness.

Performance Status is a simple 1-digit assessment of a patient's ability to carry out their day-to-day activities.

PS & CNS 101: Performance Status (Adult)

The recording of performance status is important, as it gives an indication for how well a patient is at the point of diagnosis and how well they are able to tolerate different types of treatment

For instance: Two patients diagnosed with stage 2 lung cancer could be offered different treatments if they have different performance status. The patient with a performance status of 0 may be offered radical surgery followed by chemotherapy with a curative intent. While a patient with a performance status of 4 may be offered palliative care due to pre-existing comorbidities. Although the stage is the same, a different performance status can result in a different outcome

Performance status will give an indication of how well a patient may tolerate a treatment and may affect the clinician's decision on what modality of treatment to offer.

PS & CNS 101: Performance Status (Adult)

Patients can have this assessed at any point during their pathway, but most commonly prior to starting each treatment

For the purposes of COSD, this data item is collected only once for each patient and at the same point as close to the point of diagnosis as possible

This allows performance status data collected from all patients to be compared as it is collected at the same point in the pathway

Performance Status is collected from the Care Plan which would normally be recorded at the last MDT prior to treatment

Performance Status is also used in many audits, some of which come from the COSD data

Like Staging, Performance status may be assessed at many points in the pathway. For the purposes of COSD, Performance Status is collected only from the Care Plan, which is normally recorded at the last MDT prior to treatment. It should be noted that NDRS does not collect Performance status for most skin pathways due to the way the pathway is structured. However, where a Skin cancer is diagnosed by biopsy rather than by excision, as would be the case in larger, late-stage cancers, we do require that a performance status is recorded.

PS & CNS 101: CNS Indication Code

This data item is recorded to document if and when the patient may have seen an appropriate site-specific clinical nurse specialist

Y1	Yes - Clinical Nurse Specialist present when PATIENT given diagnosis
Y3	Yes - Clinical Nurse Specialist not present when PATIENT given diagnosis but saw PATIENT during same Consultant Clinic Session
Y4	Yes - Clinical Nurse Specialist not present during Consultant Clinic Session when PATIENT given diagnosis but saw PATIENT at other time
Y5	Yes - Clinical Nurse Specialist not present when PATIENT given diagnosis but the patient was seen by a trained member of the CNS team
NI	No - PATIENT not seen at all by Clinical Nurse Specialist but Clinical Nurse Specialist informed of diagnosis
NN	No - PATIENT not seen at all by Clinical Nurse Specialist and Clinical Nurse Specialist not informed of diagnosis
99	Not known (Not Recorded)

For CNS Indication code, there are several options for a Yes answer. These range from the CNS being present when the patient is given their diagnosis to the patient being seen by another trained member of the CNS team. There are also two options for No depending on whether or not the CNS is aware of the diagnosis. The CNS code may be completed by the MDT Co-Ordinator in the first instance, then updated by the CNS at the point of referral to the CNS service.

PS & CNS 101: CNS Indication Code

The CNS indicator code data completeness is measured with two different metrics

Patients with a cancer diagnosis and CNS indication code submitted – Total proportion of records where a valid indication code was submitted

Patients with a cancer diagnosis and CNS indication code submitted and had a CNS contact – Total proportion of records where a valid indication code was submitted to indicate that there was a CNS contact (excludes NI, NN)

These answers are reported on in two ways... both in the sense of “has a response for this data item been submitted” – which counts all Yes and No answers – and also in the sense of “has the patient seen a CNS” which only relates to the Yes answers.

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And of course, we're here to support you. If you have any questions about Performance Status, CNS Indication Code or any other aspect of COSD data, do please get in touch with your regional data liaison manager