

Improving the Efficiency of Breast Multidisciplinary Team Meetings: A Toolkit for Breast Services

Section 9: Data Collection

The MDTM should play an important role in ensuring timely and accurate data validation. Real time electronic completion of data entry at MDTMs displayed for attendees to validate is a major opportunity to maintain data quality. This data is hugely important for auditing services and facilitating information flows to national cancer registries.

In England MDTs are responsible for coordinating data entry into the Cancer Outcomes and Services Dataset (COSD). This is the primary source of secondary care data for cancer patients in England used by the National Cancer Registration and Analysis Service (NCRAS).

The Scottish Cancer Registry uses electronic registration with data uploaded from hospital systems. Cancer Network Information System Cymru (CaNISC) is an online computer system that collects data from local Health Boards on cancer patients across Wales. The Northern Ireland Cancer Registry collects its information electronically from hospital systems including the hospital Cancer Patient Pathway System (CaPPS).

It is important that MDTs have a good awareness of the items included in uploaded datasets to ensure that these are recorded as accurately as possible. Whilst they should not be expected to play a significant role in data entry (which is the administrative responsibility of the hospital) clinicians of all disciplines should be interested and involved with the data that is being recorded and uploaded to national datasets on their behalf.

A substantial amount of data that is collected locally through MDT processes and MDTMs is destined for inclusion in national datasets. For example, data submitted to NCRAS and CaNISC in England and Wales, are used to provide information for the National Audit of Breast Cancer in Older Patients (NABCOP).

In order to reduce national variation of breast cancer management, some key metrics from the NABCOP data have been shared with the Care Quality Commission (CQC) inspectors, to be reviewed during Trust visits. Clearly, accurate and complete data collection and upload is going to be essential to this process.

The NABCOP Audit has already highlighted a number of routine data items that are not well recorded. These include patient contact with a Clinical Nurse Specialist, WHO Performance Status and TNM staging.

New data items were included in the updated COSD dataset (version 9) that came into effect in April 2020:

- Same day triple assessment
- [The Clinical Frailty Scale \(CFS\)](#)
- The Abbreviated Mental Test Score (AMTS)
- Three screening clinical questions on whether a patient has any major diseases e.g. dementia, cardio-respiratory disease and cancer

The introduction of processes to streamline cancer cases to Standards of Care will increase the importance of accurate data collection to allow appropriate audit and monitoring. The following minimum core data set (all items included in COSD) is required in order to list a patient not for discussion at the MDTM:

- Diagnosis date (specify mode of diagnosis);

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- Stage (specify investigations);
- Performance status;
- Histopathological and/or cytological diagnosis;
- Co-morbidities;
- Availability of, and suitability for, clinical trial/s;
- Relevant genomic/genetic testing;
- Patient preference (if known) and/or any special circumstances that have been taken into consideration;
- MDTM recommendation and treatment pathway;
- Any additional tumour-specific tests needed to inform diagnosis.

RECOMMENDATION:

MDTs should have local processes in place to prospectively monitor the accuracy and completeness of data collection for mandatory dataset items.

This should include regular audits of data quality and presentation of the results to the MDT.

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