IPEM Institute of Physics and Engineering in Medicine

SCoR THE SOCIETY & COLLEGE OF RADIOGRAPHERS

Clinical Oncology The Royal College of Radiologists

Radiotherapy Board

Response to Public Health England review of the Radiotherapy Dataset

The Radiotherapy Board welcomes the current review of the Radiotherapy Dataset (RTDS) and the opportunity to respond to Public Health England's (PHE's) public consultation on the changes proposed in the new Version 6.0 (V6.0). The Board would like to offer the following general comments about the RTDS and about the current consultation:

1. Value of the RTDS

The Radiotherapy Board recognises that the RTDS is a vital national resource for understanding the prescription and delivery of radiotherapy treatments. The RTDS provides essential intelligence for service planning, commissioning, clinical practice and research, as well as for the operational provision of radiotherapy services. The Board does not see the current funding tariff of radiotherapy per fraction as appropriate, preferring to see funding models prioritise clinical pathways over tasks such that appropriate reimbursement can be made for treatments with equally effective outcomes. The Board is therefore keen to support developments which will enhance the RTDS, including the eventual shift from away from a commissioning focus to a more clinical focus.

2. Access to radiotherapy data

The Radiotherapy Board welcomes the decision by PHE to make data on radiotherapy activity in hospitals in England freely available. This will be of immense benefit to all stakeholders with an interest in radiotherapy, allowing them to view up-to-date information and also trend data since 2009. The Board embraces the vision that such data may also eventually map to clinical outcome data thereby allowing the potential for national benchmarking and ultimately improving quality and uniformity of patient care.

3. Expansion to UK coverage

The Radiotherapy Board has long been a strong advocate for extending the scope of the current England-only dataset to one that will, in future, include comparable information for all four UK nations. We commend the work being undertaken by PHE to deliver this and hope that the changes proposed for V6.0 are acceptable to, and can be implemented in, Scotland, Wales and Northern Ireland as well as in England.

4. Burden of data collection

The Radiotherapy Board is concerned at any changes to the RTDS that have the potential to increase the burden of data collection on radiotherapy service providers, particularly at a time when they are facing severe workforce pressures and struggling to maintain current service provision levels. The Board appreciates that the majority of major changes proposed to the RTDS have been designed to more accurately reflect the way clinical departments work – and that this will, in turn, lead to more detailed and precise reporting. Nonetheless, the 'change control log' issued as part of the public consultation seems to indicate that the majority of changes are to introduce new data items. The Board feels it is vital that the changes introduced in V6.0 are acceptable to, and achievable by, all service providers – including the devolved nations. If not, then there is a risk that the current high quality of data may not be maintained. It is essential that PHE clearly indicates how the additional data will be analysed and used, if it is to justify the extra burden of data provision.

5. **Consultation complexity**

The consultation documents issued by PHE are extremely complex and were issued with only minimal guidance and explanation. The Radiotherapy Board appreciates that it is necessary to itemise the very detailed changes proposed to individual data fields and it welcomes the high-level summary that was also provided. Nonetheless the Board would urge PHE in future to consider an approach that achieves a better balance between summary and detail. This is perhaps particularly important for national stakeholders who will not necessarily be familiar with every single aspect of the RTDS.

The Radiotherapy Board has the following specific comments on the proposed V6.0 of the RTDS:

a) **Introduction of fractions** – the Board welcomes the proposal to allow radiotherapy service providers to submit either fractions or attendances in their RTDS returns and feels this is a helpful development, providing that no data are lost in this transition. However, the Board is concerned that this will require vendors to annotate data within the clinical management software to enable extract and upload of new information to the RTDS. Not only could this be a cause of delay in data submission but this must be provided at no financial cost to service providers. The Board understands and is reassured that PHE has held some initial discussions with the equipment vendors and is aware of this situation.

b) **Ability to send non-OPCS treatment and planning codes – SNOMED-CT codes**

   - the Radiotherapy Board welcomes in principle the proposal to allow radiotherapy service providers the option to submit the new SNOMED CT codes to record activity that is not currently captured through the OPCS codes alone. However, this is a significant change, both for radiotherapy service providers and for equipment manufacturers, and one that is not without risk.

   - The value of SNOMED coding is that it is an internationally agreed coding system which offers the potential to reliably compare data with those from other countries. However, for the codes to be appropriately used this will require both manufacturers and radiotherapy professionals to work together to agree how codes are applied to ensure consistency in the data.

c) **Ability to send non-OPCS treatment and planning codes – additional non-OPCS, non-SNOMED-CT coding system**

   - The Radiotherapy Board has some reservations about the use of non-standard coding in the RTDS, notwithstanding the welcome intention to capture recordable activity that is not currently reported to the RTDS (including techniques used during treatment and planning, imaging performed during treatment and planning, and immobilisation devices used during treatment). The Board suggests that the use of non-standard, bespoke codes could be problematic as they are likely to be difficult to maintain and/or are short-lived or superseded. The Board suggests that it would be preferable to seek a mechanism to standardise new codes (e.g. via SNOMED or OPCS coding) and find a way to agree on how and when they are applied. This can only be achieved with coordination from radiotherapy professionals and equipment manufacturers.

   - The Radiotherapy Board also has some concerns about optional code collection and reporting. The greatest value of RTDS is the ability to inter-compare data between radiotherapy providers and for these data to be as accurate and complete as possible. If codes are optional then the Board suggests they should not be available within national reports. This is to avoid a situation that if a particular provider is not coding and collecting data for a particular application, it is not implied or assumed in a national report that they are not providing the service. The Board suggests either that codes are not optional (and implemented consistently across all providers) or that any optional data submitted by a provider are only visible to that particular provider within CancerStats.

d) **Treatment rationale** – the Board feels this is potentially confusing as multiple reasons for the treatment could be entered here and not all those listed are mutually exclusive. The Board questions what advice will be given to those coding for this data item.

e) **Teletherapy** – this does not allow mixed photon and proton radiotherapy treatment plans which (we understand) will be used in the high energy proton treatment centres.

f) **Validating and analyzing the data** – The Radiotherapy Board suggests that V6.0 of the dataset offers an opportunity for PHE to provide more tools to users to analyse the existing data and also to provide tools to help users to validate uploaded data, to improve data accuracy. It would also be helpful if some of the logic used by PHE in the data reports is made more transparent to users to again help ensure the accuracy of the data reports.

July 2019